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LEADING ARTICLES

THE TREATMENT OF FRACTURES IN GENERAL.

EDWIN A. WEIMER, M. D.

PEKIN, ILL.

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IN coming before you today with my subject I do so fully realizing that it is not a new one, but although old, and upon which much has been written, is fraught with never varying interest to both the physician and surgeon.

There is no class of cases that are the cause of so much anxiety to surgeon as fractures. It has been well said that the recovery from fractures has two phases: the surgical recovery and the legal recovery. The first depending upon the skill of the surgeon, the constituional condition of the patient, and the nature of the injury; the latter upon the financial condition of the surgeon and the mental constitution of the patient.

The study of the treatment of fractures has been somewhat neglected because of the greater advance in more fascinating branches of surgery, I will, therefore, as briefly as possible present for your consideration some observations based upon experience, and which touch upon the most important points in fracture treatment. Those of us who do railroad work well know that the fractures that occur there are usually of the worst degree, and differ from the traumatism of the same class, as jars, contusions, lacerations, nervous shocks or traumatic neurasthenia, differ from the injuries received in the ordinary walks of life.

The first and most important thing in fractures is that the surgeon should have in mind a clear and accurate conception of the condition of the bone he is treating, so that he may arrive at a satisfactory and correct diagnosis, as nothing contributes so much to the successful treatment of fractures, and peace of mind of the surgeon, as a correct diagnosis. This is, in some instances, made without difficulty but occasionally there is the greatest difficulty in establishing it. It is apparent then that, to accomplish this successfully, a most careful and systematic examination should be made in each and every case; not only of the part known to be fractured, but of the entire body; care being taken to note carefully the condition of the heart and respiration, and the condition of the pupils.

Beginning at the head go carefully over every bone and joint, not forgetting the spine. After having established the diagnosis and adjusted the principal injury look to the condition of the bladder, and take notice of any graver injury. There is no more common error in the diagnosis and treatment of smaller injuries than those injuries of the fingers requiring amputation than to overlook a fracture of the phalanges.

At this point I wish to call your attention to the diagnostic importance of crepitus, which is much overdrawn

Localized pain and tenderness are signs to which often too little importance is attached. There are a great many conditions, such as interposition of blood clot or soft parts which interfere with and entirely abolish crepitus, but pain and tenderness are almost always present. In the long bones especially, pain at the seat of fracture can be elicited by making pressure at a point remote from it.

*Read by title before the Brainard District Medical Society at Bloomington, Ill., October 27, 1905.

In dealing with fractures it should always be remembered that we are dealing with a wound—a wound of bone—and as is the case with wounds of the soft parts, the wider the wound surfaces area part, the more latitude of movement they have, the greater the injury to lymph and blood vessels, and the greater the amount of exudate and swelling. The sooner the wound surfaces are approximated the less will be the swelling and the more perfect the result.

Lotions containing opium and other drugs for the reduction of the swelling have no place in fracture-treatment.

The results to be aimed at in fracture-treatment are, union without deformity, without impairment of function of the part and with as little loss of time and usefulness as possible. It is however, difficult to arrive at a proper test of the efficiency of any special line of treatment in dealing with fractures.

"The amount of the deformity and degree to which function has been impaired are the final tests of the efficiency of the method employed in each case.

"Many surgeons have adopted the X-ray as a final test of their work, and who hold that if a set fracture does not show perfect approximation by the shadowgraph, just after the splints are applied, it should be cut down on and means of internal fixation adopted for the coaptation of the ends of the fractured bone."

I regret very much that a great many surgeons are blunting their diagnostic sense by a too great reliance on the X-ray; which, while a valuable adjunct in the treatment of fractures, is by no means faultless.

It must be borne in mind that often a fracture which has been exposed and united by ligature or other means will not stand this test, and for that reason the X-ray cannot be the sole test of our work, for we well know that absolutely perfect approximation of the ends of fractured bones is impossible except in the most simple transverse fractures.

While every legitimate means should be employed to obtain as perfect apposition of the parts as possible, yet it is amply proven by experience that slight displacement, unless it be of a rotatory nature, is not generally followed by any disability of function if adhesion and interposition of soft parts be guarded against by early massage and passive movements.

That impaired function, which is the result of some fractures in which the position of the ends of the broken bone is not ideal, is generally not due to imperfect bony apposition, but to adhesions and changes in the soft parts due to their impaction between the ends of the bone. This is avoidable and care should be taken that it does not occur.

"The opinion of surgeons differ in regard to the treatment of fracture. Some contending that all fractures, whether simple or not, should be treated by open operation. Some hold that no simple fracture of long bone should be treated by open operation. Some, who under ordinary conditions employ non-operative methods in fractures, in general, employ operative methods in some cases when it seems necessary.

This class of surgeons as a rule adopt one of three methods of procedure:

1st. Immediate application of some form of splints or apparatus.

2d. The applications of splints or apparatus which may be easily removed to admit of examination, of massage, and passive movements being applied to the parts.

3d. The limited use of splints with their early rejection entirely.

In the treatment of simple fractures each case must be a rule unto itself, a great deal depending upon the nature of the fracture and its direction, whether it be transverse, oblique, longitudinal, dentate or spiral, or whether important arteries, nerves and muscles, with their attendant sequelae of paralysis, atrophy and gangrene are involved.

In both simple and compound and complicated massage and passive movements have proven themselves of great value when intelligently applied."

By passive movements I do not refer to the old form of pump-handle movements which was applied many weeks after the injury, but that which is applied a few days after injury, a few degrees at a time care being taken not to disturb the ends of the fractured bone.

The application of passive movements and massage to the sites of the fracture before the bones were thoroughly united is of recent time. There is at present a strong general tendency to put aside all forms of retentive apparatus which render the parts inaccessible in favor of those forms which are easily movable and admit of easy access to the injured parts, favoring the employment of massage and passive movements, which lessen the pain, prevents effusions, promote absorption of effused products; hastens callous formation, prevents adhesions of soft parts, avoids wasting of muscle; prevents stiffening of tendons and joints, and increases the range of function of the parts. Thus all of the conditions are prevented which are so frequent under the older forms of treatment.

Passive movements, according to Bickham, are divided into three classes, namely, immediate, intermediate and remote.

Immediate when employed within the first two days.

Intermediate when applied from the second to the fourteenth day after injury.

Remote when applied at a later time.

Results are better and recoveries quicker when these movements are instituted earliest.

Passive movements should be instituted at first, and active movements as soon as the union of the parts are strong enough to admit of it with safety. The use of passive movements and massage has shortened the period of repair one-third and restored the function in one-half the time usually required.

The use of continuously retentive splints, especially those of plaster of paris, tend to retard union and prolong the disability of the part after its removal. For this reason movable splints have, to a large extent, replaced the immovable ones.

The present state of fracture-treatment may be said to be in a transitional stage; it is now in the process of passing from the routine hard and fast, prolonged splinting in common use until a short time ago, to the more rational and exact methods of the present time, which includes the use of passive movement and massage in conjunction with the movable splints and open incision in favorable cases.

The operative treatment of simple fractures is condemned by many as not to be used in any case just as there are many advocates of its employment as a routine practice. I am not in favor of total condemnation of its practice, nor do I wish to be put on record as advocating it in all cases, and would conservatively limit it to those cases which are otherwise unmanageable, and such special cases, as for example, certain spiral and oblique fractures, namely, of the tibia, and some fractures near joints in adults, notably of the humerus at the elbow.

The simple fractures most frequently operated upon, by open incision, even by those who do not otherwise adopt the method, as a routine procedure, are oblique fracture of the tibia (which heads the list), fracture of the upper part of the humerus, and of the humerus ear the elbow; of the upper and lower part of the femur; of the patella; fractures of the spine, and of the skull. The most difficult simple fractures to deal with are the spiral and comminuted fractures; fractures whose fragments penetrate and lacerate soft parts, and fractures associated with passive tension of muscles and fascia.

The position in fracture treatment of simple fractures by open incision has not as yet been accurately defined, but as before said, should not be condemned entirely until time, study, experience and comparison of results of the new with the old methods have proven their inefficiency.

Compound fractures have always received some form of operative treatment, if only to the extent of cleaning the site and putting the parts into favorable position for repair. Comminuted and complicated fractures have also often received such treatment, so that the application of a somewhat more radical operative treatment to these classes is not so distinctly new as is the operative treatment of simple fractures (Bickham).

The treatment of compound fractures at various periods is one of the notable illustrations of conservative surgery.

At one period a very large number of compound fractures came to amputation; and it was the rule in many hospitals to amputate all limbs above the site of a compound fracture involving a large joint.

Then followed a period when conservatism was shown by saving the part at the expense of shortening it by making an incision at the side of a compound fracture, including a joint if necessary. At the present time still further conservatism is being shown by neither amputation nor excision, but by freely exposing the parts by operation, repairing the damage done to the neighboring soft parts, thoroughly cleansing the part with antiseptic irrigation followed by aseptic douching treating the ends of the bone as the conditions found may indicate, resorting to some method of internal fixation of the broken ends, and the putting of the part in an open splint.

As we cannot always be certain of asepsis, drainage should always be instituted at first. It should be continued as long as it is necessary, but can as a rule be dispensed with in about three to six days. This method of procedure applies with equal force to those compound fractures with the smallest puncture, as to those with large external wounds. The temptation may be very great to disinfect externally and to try to disinfect internally an insignificant looking puncture of a compound fracture, and seal it with collodion, but subsequent septic infection will in most cases cause regret. When the parts are thoroughly exposed, the extent and nature of the damage can be determined, and may indicate the advisability of excision. Where it is necessary to have free access to a wound of a compound fracture for the purpose of irrigation and dressings, a method of protecting plaster casts and dressing from fluids has been devised by Crouse and introduced into practice by Dr. Warren Stone Bickham. "It is a semi-gelatinous paste made by making a solution of dental rubber No. 2 in commercial chloroform with enough loose absorbent wool

worked in to make a meshed mass." "In planning the window of the cast we should so calculate that there shall be at least one inch of healthy shaved, sterilized and dry, skin between the circumference of the opening in the cast and the outer margin of the wound. The paste is then applied with a spatula and packed between the skin and the margin of the opening in the cast, filling all the opening and coming up and out upon the surface of the cast. The whole mass of paste and the plaster cast in the vicinity are then veneered with a plain chloroform solution of the rubber. The rest of the cast is then shellaced." The opening around the wound is thus aseptic and waterproof, and may be flushed and irrigated without damaging the cast.

A word about comminuted fractures. Comminution in a fracture is often difficult to recognize by ordinary manipulation and is only demonstrated by the use of the X-ray. Even where it is present, especially if it be simple and not extensive, does not particularly complicate the fracture. In the ordinary cases non-operative treatment may be employed, but where it is more extensive or complicated, or when simple comminution prevents the accurate approximation and retention of the ends of the bone in the proper position it should be cut down and dealt with as the needs of the case may require.

In cases of extensive comminution, excision of the bone-ends may be called for, followed by internal fixation or bone grafting. Lastly, complicated fractures. The strongest argument for open operation in this class of fractures, followed by internal fixation, is that it gives free access to the fracture, and gives full opportunity to treat and rectify any special complication which may be more important than the fracture itself.

One thing more I wish to impress upon you and that is, in compound and comminuted fractures, we are safer in enlarging the opening and clearing the surface and suturing the fragments under strict antiseptic precautions and thorough drainage, together with intelligently applied massage and passive movements than under the older methods of treatment.

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PRESIDENT'S ADDRESS.*

LOUIS H. BEHRENS, M.D.

ST LOUIS, MO.

President of the Medical Society of City Hospital Alumni.

Gentlemen, and Fellow-members of the Medical Society of City Hospital Alumni:

Words can hardly convey the sense of appreciation that I feel for the confidence that has been shown, by electing me to the highest office within your gift, while I have expressed a regret that I have been so chosen, yet I wish to assure you that such expression, emanates from a recognition of my slight ability to serve you as you should be served. But as the affliction is now on you, and perhaps difficult to eradicate, your humble servant can but say, that he will do the best he can, put every earnest effort forward, and endeavor to make 1906 a creditable one, in the list of extremely successful years of the past; in order to do this, it will require the same hearty co-operation and aid, that has been extended to the officers in former years.

Our society had its first meeting in November, 1891, its parentage bode well for a healthy and vigorous infant, with such names as, appearing on the roster of charter members, viz: Barker, Boisliniere, Bond, Bryson, Dalton, Dorsett, Falk, Friedman, Freis, Frumson, Fry, Grant, Grindon, Hall, Homan, Hurt, Hypes, Jacobson, Kohl, Lewis, Love, Mardorff, Meisenbach, Moore, Mudd, Mueller, Nowlin, Pierce, Reder, Rowland, Schleiffarth, Seibold, Sluder, Smith, Spore, Taylor and Valle, representing its paternity, is there any wonder that the organization is so successful, that its youth is so assertive and making itself felt with such men still among its most active workers?

The Medical Society of City Hospital Alumni stands for progress, in matters medical, in our city and state; among the most prominent accomplishments I may mention, was the demonstration of the practical utility of school inspection; and, though that act received but slight recognition and encouragement at the time, nevertheless, the time is rapidly approaching when the Board of Education of St. Louis, will awaken from its apparent state of lethargy regarding health law requirements, and appreciate the necessity of such important work, and institute its continuation.

Some four years ago, Dr. Homan presented a feasible plan, before this society, upon which to work and elicit interest in the establishment of a State sanatorium for

*Read at the annual meeting, January 6, 1906.

the treatment of consumption; a committee was appointed at once, the aid of other medical societies and influential medical men was solicited; in due time a proper bill was framed, and presented to the proper committees at our State Capital. It is needless to add that hesitation was manifest; this bill it seemed did not appeal to the august assembly at Jefferson City, and seemingly found its way to the usual pigeon hole; perseverance won the day, however, an intelligent committee took the matter in charge, and in due time the hopelessness of a few years before turned to the hopeful. Fifty thousand dollars has been appropriated for such a sanatorium by the State, the location purchased, and work begun, so that Missouri is now in the line of progression that other states have shown, in the subject of educating and treating the poor and unfortunate consumptive. Time will show its gratitude and appreciation indirectly to this society for the thought, ways, means and work in this accomplishment.

Benevolence in act and feeling, has been our slogan; how could it be otherwise with us, beginning our medical career as we have among those who represent the poorest of the poor in most instances, and we are at all times interested in seeing that those so unfortunate are shown proper consideration as charges of our city.

At our last regular meeting, the Committee on Municipal Affairs and Public Health made some recommendations for future work of our society, to which opinions expressed we must heartily concur. An abstract of such recommendations bears repetition tonight, and is as follows:

1. That the crusade of Collier's Weekly and Ladies' Home Journal against patent medicines be endorsed and resolutions of commendation adopted.

2. That the policy of down-town druggists heralding patent medicine departments, and allowing quasi-medical practitioners to use stores for headquarters, while at the same time soliciting business from the profession, be severely censured.

3. That the use of all utensils in common be abolished, particularly, the cigar cutting machine, in cigar and drug-stores, etc.

4. That we insist in the enforcement of the antispitting law.

5. That a city tuberculosis sanatorium be established.

6. That the smoke inspector's office be awakened by a resolution.

7. That the over-crowded condition of the insane asylum be relieved.

8. That the present coroner's system be abolished in Missouri and the medical examiner's system of Massachusetts be substituted.

9. That the reform of the medical expert question should be agitated and freely discussed, with a view of regulating same legally and professionally.

The above appeals to all of us no doubt, and I am pleased to state that the report has borne fruit indirectly, for within the week antispit agitation has begun and arrests are being made, and our smoke inspector's office does not seem to be yet in a hopeless state of hibernation, as some activity there has become manifest, so reported, if not seen, as yet.

Fellow members, we have much work before us, not confined alone to the simple discussion of matters medical, but it occurs to all that a greater activity must be shown by us in properly educationg the people to the baneful effects to health resulting from promiscuous expectoration, and the deleterious effects on the respiratory apparatus of these chunks of soot that are ever present in the atmosphere surrounding our city. The Civic Improvement League is doing its duty; unfortunately it is regarded as a society solely for beautifying and making our city pleasantly habitable; no matter what else is undertaken by it, it is not apparently regarded in a serious vein by our people. Be neat about your person, morals, and surroundings, just so you and our city will look and be looked upon as being model, seems to be the way their mission is wrongly regarded; their work in sanitation and health law enforcement is not accepted seriously, though it is good, and their work is perfect in getting at it, if not getting the results; honestly, and unfortunately for it being so, the term Civic Improvement League seems in the minds of people as being solely identified with school gardens, potato and vegetable patches, boxes on the streets for depositing refuse, ash pits, garbage cans and matters generally esthetic. Granted that this work is thoroughly commendable and a necessity and has in all of our minds approval and hearty approbation, but people in many instances, don't want to be nice, so to speak, just for niceness sake. They listen with attentive ear, to the various lectures, forget in due time the teachings, and the mission is lost in such work pertaining to health when such a body is depended upon entirely to talk upon and instruct on health subjects.

It then falls in great part to such societies as this to bring about law enforcement of heatlh laws and affairs, and it can not be again said that should we lend our aid as an organization, to see that the antispit and antismoke ordinance is enforced, from a

standpoint of health injury, that much more might be accomplished than what has been, for people fear that something that will injure their precious selves.

Who are the spitters that we must fear? The poor, ignorant fellow, that spits openly, at home, in street and public places and conveyances alike? The one that is usually arrested, not altogether for expectorating, perhaps half drunken, and knows no better, and upon whom the law inflicts its $1.00 fine, or stays it, perhaps, without his understanding the import of his arrest; he thinks no doubt that the infliction was due to a lack of the finer senses on his part; in other words, he was caught, and arrested for not being nice, he will spit again, more often, just out of spite; look at the recent arrests and judge. No, the man to be taught the lesson, is the one clothed as a gentleman, and to all appearances such, or should be, who, in his own domicile knows his sense of duty, but when in public places or on cars, seeks in the fascinating manner some dark corner, or perhaps, with hand to side of mouth coughs and uses the space between the car window and casing as a cuspidor. There is the dangerous one, and the proper subject for the law's vengeance; such would be an example worthy of the law. That is the type of cattle we must reach, else the antispit ordinance becomes a farce.

This ordinance had practically its birth in this society and I can say that it became a law through the joint efforts of this society and the Civic Improvement League. We are then in part responsible for its birth, and it is our duty to see that education, and mild means, at first, be tried to enforce it, and if that is not adequate, the law's force must be inflicted.

We also have an anti-smoke ordinance and a person, so-styled inspector, with many assistants, who are clothed with proper authority to enforce the law to the letter; such reads like a dream—it is nevertheless true. The lay press has fought and fumed and talked itself to proverbial blueness, in a seeming meaningless manner, of the smoke nuisance; its work has borne no fruit, for today St. Louis sees more dark and dirty days, than ever before, due to that ever with us miserable blanket of soot, soiling everything and everybody, driving business men almost to distraction by the damage done, and the rest of us have long since ceased our attempts at personal cleanliness, in many instances it has created more scientific cussers, and why? just because of lack of law enforcement. But why should factories be expected to comply with a law that our city does not regard? Take as example, the Court House on Broadway and Market; the old funnel works over time in impregnating the atmosphere with its filth. I will say that the new City Hospital has smoke consumers.

The smoke abatement will never be solved on the talk of neatness, and I think we have the proper argument that will more quickly lead to its solution, the health cudgel must be intelligently and persistently used.

Many thousand tons of soft coal are burned in St. Louis daily; to every 100 tons of such coal one ton of soot is thrown into the atmosphere, so I have been informed. Is there any wonder that plant life does not thrive in our down town section? That has been demonstrated time and again at our city hall and court house gardens; trees and grass refuse to grow. Is then such an atmosphere a proper one for human life, for those beings that are forced to live in it? It is not necessary to say more on this subject, but the smoke ordinance must be enforced on health lines if it is to meet with its intent.

A problem more serious and of greater import menaces this, as well as other large communities, and sooner or later cognizance must be more generally taken of this vital subject, by the laity, and its appalling results be better understood.

I refer to the immorality existing especially among the young men and boys and the effect of such that is becoming so commonplace. A frightful prevalence of syphilis and gonorrhea among these youngsters, every one of us has seen too often in recent years.

It seems that in order to become the true sport, it is necessary to become so infected; they regard gonorrhea as proper and simple. Syphilis causes but little more thought. Neither disease has ever been properly explained until the person becomes the patient, and then the damage is done.

Too often the physician is not sufficiently plain in his talk to these youngsters, and they, to avoid further trouble, as they think, marry—with the awful results that are appreciated later by all, in too many instances.

What then are we to do as medical men, to call a halt to this syphilizing our young men and boys in which it means suffering to the other sex also. The good minister's talks to young men are wasted on barren soil, young men and boys won't be good, just for good's sake; also the social evil law is a farce even where it is enforced. Take Vienna for instance, such a law exists and so near as I could learn, is enforced to the letter, but that city seems a hot bed of venereal diseases; perhaps it is not the so-called prostitute, but the coy, "soft snap," as we know them here.

It occurs to the speaker that if we can dispel that false modesty that is engendered in the minds of parents, and by some means reach these young and apparently guileless offenders, and through a series of lectures, to say to the young men of our high schools and colleges, much can be accomplished to lessen this after sad condition of affairs; such talks would in time be disseminated and all boys would soon have an idea that would result in great benefit in time to come.

Then again, there is a matter that should receive more than passing attention by the members of this society. I refer to the bill relating to the bond issue, that is at present in the city council for committee action, and which is soon to be acted upon, and in the spring elections voted upon.

This bill has the bridge issue, Kings Highway improvement, hospitals of the city, etc., incorporated in it; it seems the question has arisen, shall each measure be presented separately to the people to be voted upon, or shall all be taken collectively, good, bad and indifferent, and be voted on as a unit? $11,000,000 is the amount to be the bond issue, of which the institutions, in which this society is interested, shall receive $1,600,000. As a society we are interested in the last item and we should, it seems to me, bend every effort to have the hospital sum separate from the rest. We are certainly united on this question, and I believe that the people heartily appreciate the necessity for better hospital facilities, and just why we should say nothing on this score, would seem mysterious. As regards the other matters, our individual opinions govern that.

So, gentlemen, with a short presentation of these vital subjects for your consideration, for action and leaving the remainder of the recommendations of our last Committee on Public Health and Municipal Affairs for further consideration in due time, I again thank you.

In operating for empyema of the pleural cavity, while the place of incision should correspond to the situation of the pus accumulation, it is well to remember that the point of election is immediately in front of the posterior axillary line and on a level with the nipple.

The threading of catgut or kangaroo tendon through a needle-eye not very roomy may be made easy by cuttiug the suture end obliquely and flattening it between the handles of the scissors. Silk must not be cut obliquely, however, for this makes it apt to unravel while it s being threaded.

A SOCIOLOGICAL TREATISE ON BIOGENESIS AND FORCES OF LIFE.

R. C. BANKSTON, M. D.

BIRMINGHAM, ALA.

In considering the problem of life we must acknowledge perplexity and propound to self the question, what is the psychological future of life—what is the relation of radio-activity or other chemic energy to the genesis of life? What part do psychological forces assume in biogenesis and physiological continuity? Are the underlying primal stimuli of a physiologic and chemic order; or do these and other undiscovered energies, constitute biogenetic vitality? We certainly know more now on this subject than ever before, yet the inquiry, which was too deep for even preliminary investigation by previous ages, is, through science, slowly advancing. Assuming that we may not reach the fountain source, yet the future will disclose condition and relations, which will enable us definitely to improve and strengthen the forces of longevity, that the individual, who is free from taints, blemishes and degenerative tendencies, may, with some degree of accuracy live out an expectancy, of several times the present average—its accomplishment is only a matter of time, education and proper consideration.

The ultimate problem of biology, is to analytically trace life back to its units and initiative, and then synthetically convey it through a period of transition here and with spiritual insight, offer a satisfactory solution of ultimate disposition as soul; when this task of science has been performed we may expect to find it sustaining our high ideas of correct morals, and true religious belief, though many varieties of creed and dogma have been advanced, yet no suggestion, nor theory proposed during the ages has changed thought, nor offered solution contradictory to the truth of divine inspiration, and the revealed evidence of a Supreme God. In classification, biogensis may be proposed as psychic, materialistic, and spiritualistic all which, and other theories have at different periods, predominated; at present scientific and religious theories seem to have the field of discussion, as the proper idea and are presented, more or less plausibly. Recent researches in this field, and in the kindred field of botany, by Professors Jaques, Loeb and Wm. A. Setchel, of the University of Califorina, relating to lower animal and plant life have disclosed important facts in propagation, development and continuance, which

*Read before the Tri-State Medical Society, Chattanooga, Tennessee, September 26, 1905.

seems hopeful of wonderful application to modes of life, and its individual perpetuation for a very extended period, compared with present expectation, their work will be of vast scientific value, when made practical, and applicable to vital requirement.

Man, who typifies the acme of biogenetic effort, is the most perfect of all animate organized structure. We need not reason back to the time when force and matter were primordial units of predevelopment, but, lets take man, from his earliest conceivable state and analyze him biologically. When we delve beyond protoplast we are dealing with the infinite, and infer that elements entering the genetic principles of life, are governed by the same laws, which enables us to trace matter in chemical retrogression, to a point, where no science can apply to further divide its minuteness? Therefore the phenomena of different stages undergone by vital material before it becomes recognizable, is a question of inference, and we can conjecture a common origin and identity for the animal and vegetable organisms until some precomprehensible force, applied by some subtle governing law, diverged their development and made types of animal and vegetable species from one common prototype. We know that germs of vegetation analyzed, show a combination of hydrogen, ammonium and carbon. Chemical research permits that disclosure, but, beyond that point, science has no apparent possibilities.

The same means discloses the animal protoplast in the pabulum—albuminose, yet the initiative, is beyond the present range of science. In viewing briefly the metamorphoses, we discern that the same soil which yields sweet flowers and pleasant perfume, grows also the malodorous principles of others, and the same soil which grows most needful cereals, other food products and delicious fruits, also grows in near proximity the deadliest poisons. The remarkable feature of this contrast is that the biogenesis of each is governed by laws of such exactness, that no contamination results from proximity. When we wonder at the invariability of such laws we are constrained to marvel at the delicate intricacy of forces entering the genesis of man, yet, both laws are apparently amenable to the same initiative, but differ in mode, and principle, in a manner not understood.

The collaborative existence of the sea anemone illustrates both plant and animal vitality, in one formation, though it is the lowest form of either kind. Lets consider now, the earliest conceivable state of the genetic principles of life,—an indefinable microscopic substance called protoplast, progresses, and develops a cell of such minute proportion that millions of them can occupy a square inch of surface, yet that cell contains every element necessary to develop life, under conditions of pabulum, moisture and heat, when properly connected with its complementary cell of the other gender, and stimulated by a subtle protoplasmic force; the cells multiply and increase progressively, and layers of them are formed, which segmentate and subdivide in multiple ratio, with an exactness which is incomparable, forming masses, which continue to develop by fission, until passive biogenetic life is apparent. These simple forces, through contact of the sexual elements, completes the genesis of life; to watch development into composite vital tissue is a study of much interest to the biologist, who is attempting to define the embryonic vital elements inherent to cells, and which constitute the relation of force and matter for function, in life. The cells of one generation contain the genetic principles of succeeding generations evidenced by descended hereditary traits prevailing through the stream of continuity. Science, has not yet succeeded in reaching the initiative of vital force, nor of the great forces of nature, electricity, sound, gravity, etc., yet such disclosures seems possible in the near future. I shall not attempt to deal with the subject from any except a sociologic and material standpoint, nor do I wish to involve the phenomena attending nor impinge upon different modes, which attain the same end, in cessation of animation and function, with formation of principles which aid in the chemical retrogressive changes required to resolve the body in original biologic forces, and elementary material, with severance of all relation which by combination, under proper conditions make vitality, with faculties, for reason and motion. By union of various forces, concerted action is had, and continues, because biologic energy and chemical ions enter a definite relationship in an exact manner under the ruling of laws, which we assume are not susceptible to modification nor change, but as fixed principles they exist unalterably, our vague idea of these conditions, make plausible the theory of super-mundane forces, or intelligence of occult nature, which are realizable to hypersensitized imaginations, but not thoroughly explainable. Such is the prevalent idea of this unfathomable condition, but of its initiative, we have no definite conception; of creative energy, nothing is known—not that it is beyond the ken of knowledge, but human intelligence has not attained the exalted state of being able to grasp comprehensively, such propositions as cause and principle of origin. We have many assumptive theories, but no definite knowledge, how-

ever, the intellectual world is moving that way more rapidly than ever before, explaining phenomena which are now recognized as simple and natural, yet a few generations back they were considered metaphysical or supernatural. Its mystifying character arouses within us a desire for clearer understanding of omniscience, and all facts upon which the universe and its governance rests.

Nothing makes us more inquisitive than desire to know the ultimate disposition of life in man, therefore, the proposition we wish to advance is, the continuance of vital forces in perpetuity, in a manner required for the maintenance of function and furtherance of life's essentials, until force is possibly overthrown by loss of balance in relation, and chaos shall reign supreme. The spirit having dissolved connection with the body, is evolved into space, a potent quantity of nature, whether it maintains entity, or is added to the total of force surrounding us as energy, upon which all life depends for continuance, is a problem. We propose that the subjective principles of mind, continue as entity, and the objective principles of the body are returned to a nascent state as vital principles and may be used and reused, yet as elementary force, it maintains, for continuing succeeding life, and is not conveyed to any other environment. The theory of removal, holding to one form would apply generally, and would soon withdraw from the world, forces required to perpetuate life here. In accord with that idea we advance the proposition of perpetual continuity, through laws of change and transposition. Undoubtedly Pythagorus had in view the elemental theory of vibration, for impelling force, into matter, and resolving matter into organic substance, giving it life and motion, then by further change causing disintegration, for the purpose of using the released elements, for other advances in continuity. The theory that it is susceptible to changes, for uses in fulfilling its destiny, I believe correct, otherwise the atomic and vibratory theories of life are wrong. With such opinion prevailing, we are constrained to believe that with proper conception of the subject of prevention of disease and degeneration, and with elimination of accidental causes of death, we will then invariably maintain, life's functions until its forces are worn out, and natural changes supervene, for resolving the organization into elements for other continuity. The knowledge of coming dissolution will make one seek a proper place for the ordeal, which will transpire as a sequence, to be acquiesced in, as a high duty to posterity, yielding forces, used in trust, for the perpetuation of function, in succeeding life.

How abhorrent is the thought, that we might lose entity, if forces which have maintained animation in the body, were to be dissipated, and should lose all semblance of power, but as we believe to the contrary, we can safely assert that life, through impulse will continue forever, what happy consolation it is to know, that as living power, we shall infuse vigor into animate being, which has not felt the changing force of dissolution, when these propositions are thoroughly studied, there will be more harmony on this subject.

Before we advance too far lets take a retrospective view of the force of immortal life, and speculate as to condition in the unseen, unknown, mysterious realm, which seems unfathomable to human eye and mind; forces, impelling phenomena, which we comprehend, are appreciated correspondingly, yet there are other forces giving momentum to other phenomena, which admit of no solution from any course of reasoning, that intellect can logically bring to bear thereon, our natural intelligence, by intuitive processes, which, baffle analysis, attributes unexplained phenomena to deity, and surmises, that it is an apprehension of revealed evidence of God, which is a constant, indellible truth, and is universally decreed, an integral part of being, its realization even among idolaters, is seen, in some form of fetich, or ceremony, which is either, sublime, ridiculous or brutal in character, and is based on the proposition of continuity in another sphere in other shape and form. I believe it, common theory among some of the savage people, that the spirit of their dead, enters other life, as entity, when really it enters as force. Though scarcely intending to deal with the soul, I find it incumbent to explain my position, or, I am liable to misconstruction. There is a God, supreme and omnipotent, as is evidenced in every act and relation of life; with that premise understood, I wish now to draw the line, between the immortal part of man and the mortal, for which we need deal briefly with the duality of mind, as objective and subjective states. Objective mind, evidently ceases to function at death, and is returned to its primal condition out of the body, while subjective mind, as a potency of ideation, a knowledge, a spiritual soul, exists separate from forces, which were united with it in life, and as soul, continues eternally, never again entering bodily activities, but as spirit, or the unchangeable essence of life, exists forever, and I believe the moral condition of the life tenanted by such soul, will have influence over its happy or sorrowful future in eternity. Any proposition of fact or theory, to be acceptable to

intelligent thought, must be substantially correct in hypothesis, and should have an underlying basis of truth, which will impress its significance as a most important foundation for the tangible, or ideal of reason to base upon, hence, if we search the principles of the body, we find life apparent in the nervous system, which can be analyzed into several classes for functional use, but we only allude to the duality of mind, and its concert for controlling vital function, and the separate distinction, which can be drawn between objective and subjective mind and their independence of each other. Subjective mind is soul, ideation, and the objective, embodies imagination and reason, for all relations of vital continuance, which seems capable of generating within each individual life, the immortal subjective principles which retain entity after death of the body, while the objective principle as force, may be reused in the vitalization of other bodies. Therefore, if the belief that objective essentials of one life exists forever as force and is capable of being transformed from the material organized structure, to the atomic state for reuse under regular conditions, governing the laws of change, developed for purposes of continuity; if that suggestion should be construed as meaning a belief in occultism or any other ism other than the acknowledgement of a broad principle of natural law, so fundamental in character, so wide and complete in working as to be viewed with superstitious awe, then I am misconstrued. In change, no atom is lost, nor energy destroyed, but the continual working, of the eternal forces of universality require changes now operative in life for the co-operative working of the great principles of continuity in eternity. In such thought we are tranquilized and encouraged to live with high purpose, and strict uprightness, that, inspiration from the liberated forces of each entity, may stimulate to great usefulness other life which in need and possibilities must draw on surrounding force, through the proper channels for essentials required, to perpetuate, in the great plan of continuity. Forces impelling us, are largely responsible for characteristics we assume and conduct exemplified in our transit through existence here, the principles of righteousness stimulate like conditions in other life, while depraved instincts, seem to be transmitted in certain directions, and will actuate life in some degree regardless of any moral or physical restraint applied. This theory is not an iridescent travesty upon theology, but is intended to propose that we continue in futurity through changes of force and matter, and the separation from that state of the subjective principles of life's entity, which exists unchanged forever. From earliest times religion has expounded, ultimate verity, and is the acknowledged basis, on which the essence and philosophy of high moral belief is founded, which declares, that science is the route, by which the unknown must be disclosed and purged of irrelevancy, and developed to completeness, which will harmonize physical and psychological forces, for exemplification of a great concrete fundamental law, upon which every principle of life is founded, such condition will disclose, that, as physical, mental, chemical and spiritual force, we change, but lose no element in transformation; as principle, we live forever, regardless of changes, which may occur in relations of the various ultimate forces of organized life, which are unchangeable, indestructible and will exist to eternity. Man's coming into being, from the antenatal state is almost incomprehensible, yet it is apparent without predicate, and his going out at demise into the invisible, is a mystery, unless we accept the theory of transmission of vitality and transference of energy and general metamorphosis, for continuance. According to science we live forever, in the real stream of life, flowing through the generations, therefore, the highest duty of mankind is to perfect posterity by cultivation, and selection of the fittest for perpetuation of the kind, that they may objectively live forever in offspring. Life, is present incarnation, which is transient and a temporary step in progress toward a future perfected, and ultimately immortal state, which is complete result of God's design toward man revealed in these holy covenants and promises which come to us from time immemorial, and death is but the culminating means to metamorphose the subjective principles of life to transcendency, in eternity. In thinking of absolutism the potency of which is so far above comprehension, make us desire a better understanding, than relative knowledge can give. However, it seems so high above our intellectual grasp, that we would be wise to bow in humility to the relative limits of intelligence, until higher moral and intellectual faculties, can stimulate the understanding to consciousness of the ideal, ultimately obtaining in the working of vital phenomena. Science and religion are both moving toward the result that they will entirely concur in the deep inalienable truth of continuance, through progressive change forever, their incompatibilities are fast disappearing under closer application of higher civilization, both being now recognized as deep inalienable truths formed upon the most ethic and invariable law; while recognizing their distinct spheres, yet we perceive their integrate mutuality centering in

a common cause. Nature's laws are exacting, and makes no allowance for ignorance, but demands due deference, for which, she gives full reward, in health and happiness, based upon biogenesis, controlled by omniscience.

When to Bleed.—Sewall considers the disappearance of the second cardiac sound at the apex a distinct indication for phlebotomy.

Want State Board.—The New Jersey veterinarians are urging the creation of a State Veterinary Board of Health. They claim to be better qualified to decide what should be done with diseased animals than are physicians.

Diet as a Cause of Appendicitis.—Dr. S. C. Peoples, a medical missionary in Siam, being the only physician in a state of 850,000 population, has seen but two cases of appendicitis there for twenty-three years. The inhabitants are practically vegetarians.

What Constitutes Pneumonia?—Andrew H. Smith contends that a single pneumococcus lodged in an air-cell and causing there its specific irritation and consequent exudation, presents all the essentials of the disease. He declares that it matters not if ten minutes later the the organism is dislodged and swept away by the exudate, the patient even then has had a pneumonia, if only a monococcal one. If the later bronchole terminating in the lobule invaded becomes blocked, and the further spread of the infection is prevented, the patient may escape with a unilobular pneumonia, but it will be pneumonia, nevertheless. The writer believes that such abortive attacks are very common.—Medical Record, February 3, 1906.

Medical Forgeries.—In order to show what sort of frauds are sought to be perpetrated on the public by medical impostors, S. D. Van Meter, Denver (Jour. A. M. A., February 3) gives the histories of several such attempts that have been dealt with by the Colorado Medical Registration Board. Illustrations are given of forged and altered diplomas, etc., and it is stated that some of the principals in these frauds are still profiting by them in other communities under defective laws or with less rigidly investigating medical boards. He remarks on the need of an awakening of the public conscience to check by proper regulations, strictly enforced, such impositions on the public and disgraces to the medical profession.

Hepatic Dyspepsia.—Phillips praises bryonia in hepatic dyspepsia, with bilious headache and vomiting.

Pain and the Blood.—Brunton asserts that increased sensibility to pain is sometimes due to lessened alkalinity of the blood, and may be remedied by the administration of alkalies.

Neuritis Due to Ptomains.—Thomas Oliver has reported in the Lancet a case of acute peripheral neuritis, ending in rapid death, and due in all probability, to certain viands consumed at a particular banquet.

Rachitic Teeth.—According to Sahli these are characterized chiefly by transverse and longitudinal grooves with uneven enamel, which rapidly wears off on account of its irregular distribution. The changes are most marked in the incisors.

Nervous Dyspepsia of Middle-Aged People.—This is characterized by a sensation of weight and heat at the vertex, frequent flushings, suffused eyes, hot and cold perspiration, brow pain and heaviness and torpor after meals. Ringer recommends a drop of laudanum with two drops of tincture of nux vomica three or four times a day.

Pneumonia.—H. B. Weaver shows that vital statistics reveal the marked increase of the prevalence and fatality of pneumonia. This disease causes more deaths than any other, eight per cent of all deaths being due to it. The treatment is as unavailing as it was fifty years ago, because until lately the cause was not known. The symptoms were consequently misinterpreted, and the treatment has been empirical and unscientific. The writer believes that in view of all these facts the keynote to the whole situation is found in the prophylaxis of this disease, and in the generous support of the vital energies. Pneumonia is infectious and it is preventable. The sputum of pneumonia patients should be taken care of. These individuals should be instructed not to expectorate upon the floor or bedding. They should use a cuspidor for this purpose, or cloth which should be burned at once. The mouth and teeth should be thoroughly and often cleansed by an antiseptic wash. The excretions should be as carefully disinfected and destroyed as in cases of typhoid fever. In every case of pneumonia, after recovery or death, the room should be as thoroughly disinfected by fumigations with formaldehyde as in cases of all other contagious diseases. The writer believes that in the near future there will be perfected a true antipneumotoxin —Medical Record.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

The Illinois State Association for the Prevention of Tuberculosis.

One year ago there was organized in Illinois an association for the dissemination of knowledge concerning tuberculosis, leading to the study and prevention of this disease, and to organize for its treatment by the establishment of a State sanatorium. This association has, in the brief period of its existence, done good work, and as its organization includes both professional and lay co-operation, it is destined to be of great assistance throughout the State, and to be a power in furthering State care and treatment of individuals afflicted with this disease.

The following report of the secretary, Dr. Arnold C. Klebs, of the work for the past year is encouraging, and bespeaks a serviceable future in State organization:

"A year ago, when this association began work, the chief methods which commended themselves for immediate efforts were:

"1. Work toward the provision of sanatoria.

"2. Formation and assistance of local societies in all the towns of the State

"3. Co-operation with the National Association for the study and prevention of tuberculosis.

"The work for the establishment of a sanatorium for consumptives was begun at once. Representative Edward J. Glackin, of Chicago, had introduced into the state legislature (then in session) a bill providing for the establishment of a state sanatorium. Mr. Glackin had sent to the secretary of this association a copy of the bill, requesting suggestions as to amendment. Certain modifications were made, and the bill was re-introduced into the legislature, with the endorsement of the association.

Every effort was then made to secure its passage. Printed matter was sent to the press throughout the state, resulting in the publication of many editorials in favor of the measure. Influential men throughout the state wrote personal letters to their representatives, urging the claims of the bill. Printed information as to the need and value of such an institution was sent to every member of the legislature. Finally, a large delegation of physicians and others from Chicago and the state at large went to Springfield to confer with the committees of the two houses to whom the bill had been referred.

"The bill, after certain amendments, passed both houses of the legislature, though the appropriation was reduced from $200,000 to $25,000 Owing, however, to the lack of funds with which to make all the appropriations authorized by the legislature, Governor Deneen felt it necessary to veto this bill.

"The association highly appreciated the aid rendered in these efforts by many public-spirited men, and also by the press throughout the state. The educative influence of the publicity given the subject by these efforts will be of great value in the contest with tuberculosis in Illinois.

"Since the last annual meeting, the association has assisted the establishing of local organizations at Peoria and Streator, and both have applied for affiliation. At Jacksonville the Morgan County Medical Society has appointed a committee of three on the prevention of tuberculosis, to work in affiliation with this association. These three applications for affiliation will be presented to this meeting.

"All of these societies are in close contact with this association. Speakers have been sent to address public meetings at several towns. A folder used in the tuberculosis work in Chicago—"How to Prevent and Cure Consumption"—has been adapted by this association, and a large quantity have been printed which are distributed at very low rates to local societies. About 3,000 copies of this folder have so far been used.

"At Decatur, organization against tuberculosis is under way and will soon be complete. At Belleville, Danville, East St. Louis, Rockford, Aurora and Moline, plans are being made for organization, and the secretary's office is in correspondence with workers at each of these towns.

"The association has kept close touch with the national organization, and with the workers in all parts of the country. Assistance has been given especially to those interested

in the neighboring states of Michigan, Kentucky and Iowa, where printed matter which originated with this association has been helpful. At the International Congress on Tuberculosis, at Paris, in October, 1905, the association was presented by its secretary.

"The association had an exhibit at the Tuberculosis Exposition held in New York in November last. This exposition has been shown at various eastern points, and will eventually appear at Chicago."

At the annual meeting, held in Chicago, January 18th, 1906, the following officers were elected for the ensuing year:

President—Professor Edmund J. James, President University of Illinois, Urbana.

First Vice-President—Right Rev. John Lancaster Spalding, Bishop of Peoria.

Second Vice-President—Frank O. Lowden.

Secretary—Ernest P. Bicknell, Chicago.

Treasurer—Mr. James H. Eckles, Chicago.

Members of Central Council (to fill vacancies)—Dr. Homer M. Thomas, Chicago; Dr. Everett J. Brown, Decatur.

This most representative and commendable list of earnest workers is indicative of the thoroughness of the association, and shows to the people of the State that confidence in its future is assured.

This movement is in line with the trend of the times which is truly a campaign of education, teaching the people how to live so as to avoid tuberculosis and how to live with it in order to overcome the disease.

F.P.N.

Proposed Legislation Affecting the Management of Municipal Hospitals.

Something like a year ago a movement was inaugurated purposing a radical change in the management of the municipal hospitals of St. Louis, it being generally considered desirable that politics should be eliminated in the matter of medical control, this to be placed on a basis of scientific ability above any other consideration. The first step toward this was the appointment from the different organized bodies of physicians, from all the recognized schools, of representatives on a committee which was denominated the Charter Amendments Committee. Representation on this committee was controlled by the numerical strength of the various societies, and a working body of fifteen representative physicians was its result. This committee has lately announced its recommendation to the various societies by which it was authorized, and these bodies have approved the proposed amendment.

The proposed amendment is not yet necessarily in its final form, except in the matter of the subject matter presented, the wording may be changed to obviate legal difficulties, as adopted by the St. Louis Medical Society, it reads as follows:

HOSPITAL AND OUT-PATIENT DEPARTMENT.

An Amendment of Section 5, Article XII, of the City Charter, or Article — of a New Charter.

Section 1. There is hereby created a hospital and out-patient department of the City of St. Louis, which shall be managed, directed and controlled as provided by this charter and by the ordinances of the City of St. Louis by a Board of Trustees, as hereinafter provided, whose members shall possess the same qualifications as the mayor, and shall give bond in such sum as may be ordained by the Assembly, with sufficient sureties for the faithful performance of duty.

Sec. 2. The control of said Board of Trustees shall be exercised over the City Hospital and Associated Dispensaries, the Female Hospital, the Quarantine Hospital, the Insane Asylum and the Poor House, as now existing, and be extended to branches that may from time to time be established, or like institutions that may be created.

Sec. 3. Said Board of Trustees shall consist of six residents of the City of St. Louis of recognized capacity and fitness, together with the mayor, ex-officio. The members of said Board of Trustees shall be elected on a general ticket and by the qualified voters of the City of St. Louis. The term of office of said trustees, so elected, shall be six years, except that those first elected shall be classified by lot, so that their terms shall expire two in two years, two in four years and two in six years, respectively. All vacancies from any cause, shall be filled by the mayor until the next succeeding election. Said trustees shall receive no pecuniary compensation or be interested directly or indirectly in the furnishing or performing of work, labor or services, materials or supplies of any kind to or for said hospitals, by contract or otherwise. No trustee shall hold any office of emolument under the city, state or national government, except the office of notary public.

Sec. 4. Any trustee may be removed by due legal procedure prescribed by the city ordinances for removal of municipal offices upon proof of official misconduct or neglect of duty, or for mental or physical disability.

Sec. 5. Said Board of Trustees shall organize as soon as practicable after said trustees are elected. It shall biennially choose from its members, at a regular meeting to

be held on the month of————, a president and other officers for the term of two years. It shall select and employ a competent salaried secretary. It shall establish rules and regulations for the administration and government of said institutions, subject to general and specific legislation. Said board shall have the power to appoint and remove such superintendents, medical officers, subordinate officers, and other employees, as may be necessary for the efficient management and conduct of said institutions. The Board shall keep accurate and detailed accounts, in a form approved by the comptroller, of all moneys received and expended by it, detailing sources and purposes. It shall during the month of ———— in each year, transmit to the mayor a report of the condition of the institutions under its care and management.

Sec. 6. Said Board shall appoint a medical staff, representative, as far as feasible, of the several schools of medical practice, for each and every institution under its control. The staff shall consist of attending and consulting physicians and surgeons, who shall serve, as directed by the Board, without pecuniary compensation, and shall hold office so long as they shall perform their duties in a manner satisfactory to the said Board of Trustees. This medical staff shall be made up of residents of the City of St. Louis, members of the profession and of respectable character and of good standing and of recognized ability. They shall deliver clinical lectures and devise methods of bedside teaching. Vacancies occurring in said staff shall be filled by the said Board of Trustees.

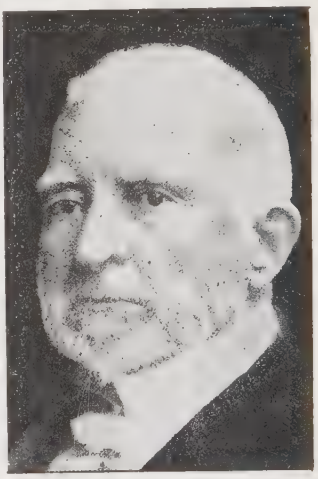
The said medical staff shall be advisory to the Board of Trustees in all matters pertaining to the fullest accomplishment of the humane purposes of the named institutions. All appointments for medical and surgical house-officers, of said institutions and outpatient departments, shall be made by the Board of Trustees only on nomination by the said medical staff, after competitive examinations conducted by said staff.

Sec. 7. Said Board shall annually, at a regular meeting in the month of ————, elect by ballot a superintendent for each of the named institutions. The duties of the superintendents shall be prescribed by the Board and shall be of a general administrative and executive but non-medical character.

Ohio Joins the List.—Ohio is not to be outdone in the way of freak legislation by her neighbors, Indiana and Wisconsin, and a bill has been introduced forbidding the sale of cigarettes.

Death of Dr. Gregory.

Dr. Elisha Hall Gregory died at Orlando, Florida, on February 11th and was buried in Calvary Cemetery, St. Louis, on February 15th, 1906. Dr. Gregory was the patriarch of the St. Louis profession, and was so widely known, and had filled so important a place in the growth of American medicine, that in his death the whole American profession is bereaved. He was born in 1824, took his doctorate degree in medicine in 1849, and continued actively interested in his profession, and continued certain features of his medical work to the day of his death. His career as a teacher began in 1852, he was identified with St. Louis Medical College and the medical department of Washington University for better than a half century. His life was characterized by the many positions of honor and responsibility which he filled, chiefest among these were is election to the presidency of the St. Louis Medical Society in 1871; the Missouri State Board of Health in 1883; the Missouri State Medical Association in 1883; the American Medical Association in 1887, and the St. Louis Surgical Society in 1892. In all these positions he presided with a dignity which was charming, and an eagerness for scientific advancement which made his term of administration noteworthy. He fathered the work of Mullanphy Hospital in the beginning of that institution, and it was his privilege to live to see that institution for years the foremost among the charitable institutions of the West. His students were many, and they are scattered to the four corners of the world, but wherever they are there will be sadness when the report of his death is received. While his advanced age had made his friends apprehensive that he could not long be with us, his death came as a surprise and leaves us with a keen sense of bereavement. Though aged and enfeebled his walk among us during these last later years has been an inspiration to all with whom he met.



The St. Louis Medical Society held memorial service to the memory of Dr. Gregory

at the Y. M. C. A. building on the afternoon of Sunday, February 18th, at which the following addresses were given:

Introductory remarks by the president, Dr. Geo. Homan.

Invocation—By His Grace, the Most Reverend J. J. Glennon, Archbishop of St. Louis.

By His Grace—Remarks on the Life and Character of Dr. Gregory.

Address by Dr. David C. Gore, President of the Missouri State Medical Association—Dr. Gregory as a Physician and Surgeon.

Address by Hon. A. M. Dockery, former Governor of Missouri—Dr. Gregory in his Civic Capacity.

Address by Hon. O'Neil Ryan, of the St. Louis Circuit Bench—Dr. Gregory as a St. Louisian.

Address by Dr. Frank J. Lutz, Professor of Surgery Medical Department St. Louis University—Dr. Gregory as a Medical Teacher.

Brief Remarks—By guests and friends of the family.

Report of the Committee on Memorial and Resolutions.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

This progressive body, now in its nineteenth year, has forged its way to the front, and has become one of the best, if not the largest, independent organization in the United States. Composed of able, active men, and drawing from seven of the largest states in the middle West, this association has become a factor in the medical affairs west of the great Missisippi river. The sessions of this society are devoted entirely to scientific work, and the papers read before it are both entertaining and instructive. Its sessions are held in the spring and fall. The good work accomplished by this body of earnest men is a matter of history, and a most commendable feature of these meetings is that no time is devoted to ethical, political, or personal debate, and "society politics" is an unknown quantity in its ranks.

For the above reasons, as well as many others we would recommend this society to our readers. If you want a real intellectual feast and a season of social intercourse with a congenial body of scientific men, attend the next meeting at St. Joseph, March 22 and 23. A pleasant feature of this meeting will be the attendance of all the presidents of the State associations within the province of the Missouri Valley. Following is the preliminary program:

N. S. Davis, Jr., Chicago, Oration on Medicine.

L. L. McArthur, Chicago, Oration on Surgery—"Surgery of Intestinal Tuberculosis."

C. H. Mayo (President of Minnesota State Medical Association), Rochester, Minn., "Surgical Treatment of Goitre."

Wm. Jepson (President Iowa State Medical Association), Sioux City, Ia., "Prostatism and Its Management.

D. C. Gore, (President Missouri State Medical Association), Marshall, Mo., "State Medicine.

Fenton B. Turck, Chicago, subject not announced.

A. F. Jonas (President Nebraska State Medical Association), Omaha, Neb., subject not announced.

S. Grover Burnett, Kansas City, "Some Pathology of the Morphine Habit, and My Preferred Method of Treatment."

Prince E. Sawyer, Sioux City, Ia., "Curettage of the Uterus; Its Dangers."

Bernard A. McDermott, Omaha, "Some Principles in the Treatment of Rupture of the Male Urethra."

C. O. Thienhaus, Milwaukee, Wis., subject not announced.

Wm. F. Waugh, Chicago, subject not announced.

Palmer Findley, Chicago, subject not announced.

Chas. E. Bowers (President Kansas State Medical Association), Topeka, Kas., subject not announced.

A. E. King, Blockton, Ia., "Rachitis."

Wm. Frick, Kansas City, "Blarto-Mycetic Dermatitis, with reports of cases."

F. E. Coulter, Omaha, "Tumors of the Cerebellum, with report of a case."

D. W. Basham, Witchita, Kas, "Simultaneous Existence of Extra- and Intra-Uterine Pregnancy."

J. C. Waterman, Council Bluffs, "Functional Disorders of the Stomach, accompanied by Hypersecretion."

M. M. Edmonson, Kansas City, "Club Foot, with special reference to Post-operative Treatment."

Marc Ray Hughes, St. Louis, "Some Notes on Pathology of Epilepsy."

W. F. Milroy, Omaha, "Indirect Effects of Valvular Lesions."

Frank Parsons Norbury, Jacksonville, Ill., "Individual Treatment of Borderline Cases of Mental Diseases."

T. C. Witherspoon, St. Louis, "Removal of the Uterus in Certain Inflammatory Conditions."

R. D. Mason, Omaha, "Some Advances in the Office Treatment of Rectal Diseases."

A. H. Cordier, Kansas City, subject not announced.

L. J. Dandurant, St. Joseph, "Ligation of Common Femoral Artery for Large Aneurism in Scarpa's Triangle; recovery; presentation of patient."

The officers of the association are as follows:

President—J. E. Summers, Jr., Omaha.

First Vice-President—C. H. DeWitt, Glenwood, Ia.

Second Vice-President—C B. Hardin, Kansas City.

Treasurer—Donald Macrae, Council Bluffs.

Secretary—Chas Wood Fassett, St. Joseph.

Arrangement Committee—Jacob Geiger, O. B. Campbell, C. R. Woodson, St. Joseph.

Headquarters, Hotel Metropole.

THE ST. LOUIS MEDICAL SOCIETY at its February election added the following to its membership: Drs. Floyd W. Bennett, 2828a St. Vincent ave.; O. H. Brown, corner Grand and Caroline streets; Jos. W. Charles, Humboldt building; George S. Drake, Jr., Humboldt building; Wm. Engelbach, Mermod-Jaccard building; J. L. Evans, 1600 California avenue; Walter Fischel, City hospital; M. Geo. Gorin, 4225 West Belle place; Fred. B. Hall, 2917 Washington ave.; E. E. Holt, 1532 Franklin avenue; F. C. E. Kuhlmann, 2135 St. Louis avenue; Harry M. Loewenstein, 2615 N. Taylor ave.; A. P. Munsch, 1504 Wagoner place; S. E. Newman, 465 N. Taylor ave.; E. T. Senseney, 2829 Washington ave.; E. H. Skinner, 2313 Washington ave.; Waldemar Ude, 3531 S. Grand ave.; Wm. J. Wills, 1600 California ave.; N. W. Amos, 3001 Olive street; W. J. Miller, 3014 Park ave.; L. N. Temm, 3514, N. Market street.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

SIMON'S MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory work for Beginners in Chemistry. A Text-Book especially adapted for Students of Medicine, Pharmacy and Dentistry. By William Simon, Ph.D., M.D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, and in the Baltimore College of Dental Surgery, etc. New (8th) Edition, thoroughly revised to conform with the eighth decennial revision of the U. S. Pharmacopeia. In one octavo volume of 643 pages, with 66 engravings, 8 colored plates representing 64 important chemical reactions, and one colored spectra plate. Philadelphia and New York: Lea Brothers & Co., Publishers. (Cloth, $3.00 net.)

The eighth edition of this well known and extensively used manual contains the changes and additions of the last Pharmacopeia, and has been revised and rewritten to a large extent. The chapter devoted to chemical physics includes electrolysis and the ionic theory, subjects which play an important role in modern medicine. Analytic, organic and physiologic chemistry deal with the most important substances under these headings, and furnish the student with an excellent guide to study them thoroughly. Every page has been scrutinized and whole chapters rewritten and re-arranged to conform with the most modern views. The ingenious series of colored plates have always proved great favorites. They show the actual colors and color-changes of 64 of the most important tests used in inorganic and organic chemistry, poisoning, urinary examinations, etc., etc. It is a work which the student will carry with him into practice and which pharmacists, dentists and physicians will find most convenient for reference.

CUSHNY'S PHARMACOLOGY. A Text-Book of Pharmacology and Therapeutics: The Action of Drugs in Health and Disease. By Arthur R. Cushny, M.A., M.D., Aberd., Professor of Pharmacology in the University College, London; formerly Professor of Materia Medica and Therapeutics in the University of Michigan. In one handsome octavo volume of 752 pages, with 52 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers, 1906. (Cloth, $3.75 net.)

The author treats his subject chiefly from an experimental standpoint derived from laboratory investigations, many conducted under his observations, but also quoting extensively from other investigators. An extensive bibliography is appended to almost every chapter, affording the reader the opportunity to read the original, or at least determine the source of information. The action of the various drugs in health and disease is given in a very thorough and clear way, and enables the physician to better understand their therapeutic uses. The book contains the changes and additions of the latest pharmacopeia and is thoroughly up-to-date.

QUIZ-COMPENDS. Medical Latin. By St. Clair Second Edition, Revised. Philadelphia: P. Blakiston's Sons & Co. (Price, $1.00 net.)

This book is intended for the medical student, and contains the fundamental principles of the medical latin language. It will help him trace the origin and meaning of latin words, thereby making the subjects more easily understood.

FOOD AND DIET IN HEALTH AND DISEASE. By Robert T. Williams, A.M., M.D. Philadelphia and New York: Lea Brothers & Co., 1906.

This book treats of a most important subject, and the author presents the different food substances and the methods of preparation in such a clear and concise way that the physician will find it a valuable guide in the diet of health and disease. The writer quotes liberally from reliable works on dietetics and the experimental stations of the U. S. Department of Agriculture.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

The Etiology and Treatment of Constipation.—Brov (N. Y. Med. Jour., Dec. 16, 1905) describes the great variety of causative factors of this condition under the following classification: 1. Mechanical obstruction. 2. Defective peristaltic action. 3. Deficient intestinal secretion. 4. Deficiency of liquids. 5. Deficient nervous excitability. 6. Muscular spasms in the lower part of the rectum. 7. General disturbances. The treatment in each case is naturally dependent on the cause. According to his experience prolonged use of purgatives and rectal injections soon lose their power. In most cases dietetic and hygienic measures suffice to regularly perform the function of defecation.

The Elimination of Chlorides in Nephritis.—Miller (Jour. A. M. A., Dec. 23, 1905) first refers to the observations of Widal and Lavel regarding the inability of many nephritics to eliminate sodium chloride in a normal manner, and who hold that the deposition of this salt in the tissues is responsible for the edema in nephritis, contending that the retained sodium chloride requires a certain amount of water to maintain it in the proper molecular concentration, thus leading to a dropsical condition. Miller's own observations in this direction include a study of fourteen cases; two cases of acute nephritis with moderate and marked edema; seven cases of chronic parenchymatous nephritis, six had more or less edema, and the one without edema probably had a secondarily contracted kidney; four apparently normal patients; and one case of myocarditis with general edema. While no attempt was made to determine the exact intake of the salt, the patients were kept on a fairly uniform diet during the period of investigation. In some cases this was milk only; in others the light ward diet. The sodium chloride was first administered in wafers, but later in solution. The chlorides were estimated daily by the Volhard method for nine consecutive days, and when possible, the patients were weighed daily. The first three days the patient had merely the chlorides contained in his food; the following three days he received daily an additional 10 grams; then the three following days merely the chlorides in his food. The conclusions of Miller's investigations are as follows: In patients with moderately severe nephritis associated with edema, the ingestion of large amounts of sodium chloride is followed by a chloride retention. The patient gains in weight, the edema becomes more marked, the albuminura increases and symptoms may develop resembling uremia. In patents with severe nephritis, and especially those with uremia, chloride retention is very marked, as scarcely any of the extra chlorides administered are eliminated. In individuals with apparently healthy kidneys, following the ingestion of sodium chloride there is a retention equal to that of mild nephritis. The individual gains in weight, but there is no visible edema, no albuminuria and no uremic symptoms appear.

Variation in the Ratio of Diameters of the Normal Chest at Different Ages – The Form of the Phthiscal Chest.—Bessesen (Jour. A.M. A., Dec. 30, 1905) says the study of the human chest is always one of much interest to the medical practitioner for the valuable deductions that may be obtained. The skill with which the diagnostician of the present day utilizes the chest conditions in their various aspects has reached a high degree of perfection. He discusses the methods employed, indices, median values and an analysis of data, summarizing his monograph as follows: 1. The method of using fixed bony landmarks for the placing of chest diameter is accurate and readily applied. 2. The time and the results derived from this method of evolution are more accurate than the arithmetical average. 3. Important features in the shape of the chest as well as in the movement and the capacity, may be appreciated by an observation of its principal diameters. 4. The human chest, in the course of its development, has passed through various stages from the deep or dorsoventral to the broad or transverse type. 5. In the fetus and young babe, the lower plane gives a greater depth and breadth than the midplane. 6. The fetus under 30 centimeters in length presents a dorsoventral type of chest. 7. The new-born child represents the transitional type of chest —it is round chested. 8. During the first five years of life the most conspicuous change is the rapid widening of the chest in its transverse diameter—it becomes broad chested. 9. At puberty the length of the chest takes on an active increase in growth over the other diameters—the adolescent becomes long chested. 10. From the eighteenth to the twenty-fifth year the development of the chest is fairly uniform in all its dimensions, and represents the highest development — the broad long chest. 11. The dorsoventral diameter increases at an even rate from birth to maturity. 12. The phthisical chest of adult years, in general, shows an arrest in

development of the transverse diameter following puberty. 13. The phthisical chest is a narrow one, tending to the rounded form, with a relative elongation.

Prognosis in Tuberculosis.—Flick (American Medicine, Jan. 6, 1906) states the prognosis in tuberculosis depends: (a) on the virulence of the tubercle bacillus; (b) on the dose; (c) on the resistance of the heart; (d) on the coexistence of other micro-organisms; (e) on the amount of tissue which has been destroyed; (f) on the duration of the disease; (g) on complications arising from toxemias; (h) on age; (i) on race; (j) on social condition; (k) on environment; (l) on financial resources; (m) on temperament, and (n) on character. In forecasting the future of a tuberculous subject the physician should weigh carefully all matters bearing upon the case, and even then be guarded in his opinion. He should bear in mind that the tendency is always toward recovery, but there are many impediments in the way of recovery. Restoration to physical health is comparatively easy, but the establishment of a condition of absolute sterility from the tubercle bacillus is difficult. Relapses take place even after years of apparent perfect health. A person who has had tuberculosis should not consider himself free from the necessity of leading a careful life, no difference how long he may have been well. Prognosis should therefore, always be guarded and conditional. We may assure the patient that he will be restored to physical health and remain well so long as he takes proper care of himself, but we should impress it upon him that his good health will only continue so long as he does take good care of himself.

Tuberculosis of the Thoracic Duct and Acute Miliary Tuberculosis.— Longcope (American Medicine, Jan. 6, 1906) reviews the literature on tuberculosis of the thoracic duct epitomizing the history and necropsy of 30 cases of tuberculosis, in which the process was more or less generalized, paying especial attention to a study of the thoracic duct as a possible point of origin for the generalized process. Of these thirty cases, nineteen were typic instances of generalized acute miliary tuberculosis, in which minute tubercles were scattered in enormous numbers through most of the organs of the body. When histories could be obtained the course of the disease was rapid, lasting usually form two to twelve weeks. The thoracic duct in fourteen out of the nineteen cases showed a more or less extensive tuberculosis, usually with caseous nodules, while in one instance, though there was no tuberculosis of the wall of the vessel, many tubercle bacilli were found in smears from the duct lymph. In one of the four remaining cases in which the duct was normal there was a primary tuberculosis of the epididymis and testicle, with organized thrombi in the vesical vein, containing caseous masses and tubercles. In eight instances the generalized process was subacute or chronic. Large tubercles or caseous masses were scattered in small numbers through the various organs, while during life the course of the disease was protracted, lasting from three to nine months In only two of these cases was there a tuberculosis of the thoracic duct. In both instances the tubercles were small and occurred sparingly, but in one a few tubercle bacilli were found in smears from the fluid of the duct. Finally, in three instances, the tuberculosis was of a chronic type and confined to the lungs and peritoneum. In all of these cases the thoracic duct was normal. It is difficult to draw a line between the cases of acute and subacute generalized tuberculosis, but between the extremes of the two types a distinction can certainly be made. Of the twenty-seven cases of tuberculosis in which the process was more or less generalized, seventeen, or almost 63 per cent, showed tuberculosis of the thoracic duct, or, as in one instance, tubercle bacilli in the lymph from the duct without lesions of its walls. Of the acute cases in over 79 per cent the duct was affected or contained tubercle bacilli. The type of lesion in the duct varied considerably. Sometimes there was a single large caseous nodule usually near the receptaculum or about the arch of the aorta, with small tubercles over the intima of the vessel above and below it, sometimes several caseous nodules were scattered through the duct, while occasionally the walls of the lymphatic were simply seeded with small tubercles. In every instance the lymph-nodes of the mesentery, retro-peritoneum, posterior mediastinum, or bronchial regions were the seat of a chronic tuberculosis. At times several groups of glands were affected, but more often only one group, and rarely one or two glands. Often the lesion in the duct appeared almost as old as that in the neighboring lymph-nodes and was in close association with it, though a direct extension of the process from the gland to the wall of the duct was never seen. In at least two instances the caseation of a small group of lymph-nodes and of the thoracic duct wall were the only foci of chronic disease which could be found in the body. The author's series of cases suggest that the thoracic duct is of great importance as a channel for the spread of tubercle bacilli through the body from the various groups of lymph-nodes. Undoubtedly, tuberculosis, of the veins and arteries is also to be reckoned as

a factor in the rapid dissemination of tubercle bacilli through the body, but is subsidiary in importance to tuberculosis of the thoracic duct and its tributaries. From a study of these cases Longcope concludes that tuberculosis of the thoracic duct is of great frequency in cases of acute generalized tuberculosis. The lesions in the duct from which tubercle bacilli are swept in great numbers through the lymph to the general circulation form the starting point for the generalized acute process. In certain cases of acute generalized tuberculosis, tubercle bacilli may be found in the lymph from the duct, though the duct itself is not the seat of tuberculosis. In a small percentage of cases of subacute generalized tuberculosis the duct may also be affected.

Albuminuria in Nephritis and Bright's Disease.—Stengel (Jour.A.M.A., Jan. 6, 1906) emphasizes with all earnestness that diagnosis in renal disease can not proceed from the urinary examination alone any more than can the diagnosis of cardiac disease from physical exploration alone, or that typhoid fever solely from the examination of the serum for the reaction of agglutination. Taken in conjunction with the general symptomatology, accurate examinations of the urine are indispensable, but without the general conditions as a check urinary examination may be as misleading as would be the symptoms without urinary findings. Among 581 cases there were 51 cases of undoubted Bright's disease, exclusive of chronic interstitial nephritis. In all of these there was constant and more or less uniform albuminuria. In 7 cases of arteriosclerosis there was more or less inconstant albuminuria, without casts in 16, and with casts in 58. In 187 cases there was occasional or less often constant albuminuria in association with acute infectious diseases, gout, diabetes, tuberculosis, syphilis, cystitis, pyelitis, cardiac diseases, movable kidney, gallstones and jaundice, stone in the kidney, in occasional cases of other diseases, in pregnancy, and in adolescents without discoverable disease. In 41 cases, in gouty or so-called lithemia subjects, there was occasional albuminuria at times when the urine was excessively acid. In 215 cases there was no albumin at any time. In 11 cases casts were found without albumin. Stengel concludes his paper by directing attention to the fact that albuminuria is an extremely common occurrence in various general diseases and that, though it may in a sense indicate an inflammastory condition of the kidney, such inflammation or nephritis may be of merely pathologic rather than clinical significance, unless the albumen is considerable in amount and more or less constant in occurrence. The nature of the accompanying tube casts must not be relied on too greatly to determine the seriousness of the renal lesion, and in particular the presence of an occasional hyaline cast, or even the frequent occurrence of such must not be regarded with with too much apprehension. The modern method of centrifugation and the consequent examination of fresh urine increases the likelihood of our finding casts, and there is often difficulty in distinguishing between insignificant cylindroid of the mild est grades of renal irritation and the definite hyaline cast of more decided disease. Even the latter, however, is so frequent in cases of arteriosclerosis, cardiac disease, hepatic disease, jaundice and gouty affections without serious renal disease that its significance is more or less trivial, unless general clinical conditions accentuate the importance of its presence. The author does not wish to convey the wrong impression that he estimates lightly the importance of urinary examination, but it is his conviction that a trace of albumin is too often magnified in importance in the physician's mind, and that the clinical conditions as a whole are not sufficiently considered. Above all things, it is important in cases of suspected renal disease that the urine be repeatedly examined and its constant or fluctuating condition be taken into account.

DERMATOLOGY.

ROBERT H. DAVIS, M. D.

A General Consideration of the Contagious Diseases of the Scalp and Skin Observed in Children of the Public Schools.— Lobel (Medical News, December 16, 1905) considers exhaustively this important, and too much neglected subject, in the article referred to. In pediculosis capitio, he has found crude petroleum and olive oil aa to answer well for the destruction of the pediculi, much better than the usual mixture of kerosene and olive oil. In twenty-four hours, under this treatment, most of the pediculi are dead, and a majortiy of the ova are incapable of development. He recommends also, spirits of camphor, or the tincture of delphinium in hot vinegar (1:3) or bichloride of mercury in hot vinegar (1:2000 to 1:500, depending upon the sensitiveness of the scalp), or bichloride of mercury gr. i, tr. staphisagria ʒiv. In those instances in which we find "papules, pustules, excoriation and crusts, with the formation of a moist exudation and the agglutination of the hair," he finds the following efficacious: ℞ Balsam of Peru 20,

olive oil 50, crude petroleum 100. Sig.: Apply twice daily; or the following ointment, recommended by Lassar: ℞ Hydrargyri sulfurati rubri 1.00, sulfuris sublimati 24.00, olei bergamottae gr. xxv, vaselini flavi ad 100.0. Sig.: Apply twice daily. A condition of the eyelids is occasionally met with in school children which is apt to be considered a blepharitis marginalis. It is really a pediculosis of the eyelids due to the pubic louse, and is readily cured by soaking with olive oil, and then applying the well known Pagenstecher's yellow ointment. Of course, it is with the nits, in pediculosis capitis that the great obstacle to a cure is encountered, and the author's experience leads him to say that there is no one drug which will hold out any hope of rapid removal. With boys, the hair should be clipped short, while, with girls, clipping the hair should be the last resort. "Tight braiding in the class-room and unbraiding at home for care and treatment should be insisted upon." The only plan for pronounced cases is the patient, persistent, painstaking, removal of the nits, strand by strand, with the hand or fine comb. Education of the parents to the nature and cure of the trouble is of the utmost importance. For the associated, or independent, impetigo contagiosa, he recommends the usual white precipitate ointment (5%) in unguentum diachyli. (The editor has always found white precipitate 2% in vaseline sufficiently strong.) For localized spots a protective dressing of ichthyol collodion (10%) is excellent. The individual lesions heal and dissemination is guarded against. This remedy, however, may be objected to on the face near the scalp, and, of course, cannot be used in the hair. In considering tinea corporis he warns against a condition which is often diagnosed as eczema, but which, he says, is due to the trichophyton. It consists of more or less irregular, scaly, ill-defined, eczematous looking patches on the face, and sometimes three or four cases are found in one class-room. They yield usually to sulphur or white precipitate ointment. For ring worm of the body, he reports excellent results from the use of formalin, 40% solution diluted two or three times. Several applications are frequently sufficient. In a sensitive skin, it is well to avoid vigorous rubbing, and, if the smarting or burning is intense, the application of ammonia water will give relief. He has had the usual discouraging results with tinea tonsurans, but has found the 40% formalin solution useful here, too. A form of ring worm of the scalp that is often mistaken for eczema, with corresponding rebelliousness to treatment and danger of spreading, is evidenced by many disseminated, small areas, which are dry and scaly and without much apparent loss of hair. There is, also, a sharply defined and marginated eruption, occurring on the upper or lower lip, or both, in school children. It is caused by lip sucking, or by the intermittent protrusion of the tongue, and its excursion over the upper and lower lip. A constant source of irritation is thus afforded, and a suitable soil for fungus growth. Diluted white precipitate ointment will cure the condition, provided the lip sucking habit is discontinued. In the treatment of scabies, he has abandoned the usual sulphur ointment. Instead, after the preliminary bath with green soap and hot water, the patient is furnished with powdered sulphur, and told to rub this thoroughly into the affected regions twice daily, and to dust a quantity into the bed sheets before retiring. It is more cleanly than the usual ointment treatment, and, he claims, less irritating and more rapid in its results. After the itching is controlled, the following ointment, recommended by Kaposi, is applied twice daily: ℞ Beta naphtholi, cretae albae aa 10.0, saponis viridis 50.0, axungiae porci 100.0. He closes with a plea for the more careful epilation and treatment of cases of tinea tonsurans, and the necessity of such patients being required to keep their hats, books, pencils, etc., separate from those of other scholars, if they are not excluded from school until cured. They should, of course, have individual towels, soap, combs and brushes.

The Erythema Group of Skin Diseases.—Brayton (Indiana Med. Jour., Nov., 1905) calls attention especially to the visceral and nephritic lesions so often associated with this interesting group of troubles whose correct diagnosis is often so difficult, and the nomenclature of which is so confused. Purpura, angio-neurotic edema, urticaria and simple erythema are often quoted as the skin manifestations in these cases, which are admitted to hospitals suffering, also, with arthritis, severe, and often paroxysmal, attacks of abdominal pain, albuminuria, hematuria, and vomiting of blood. Of course, not all of these are present in each case. Sometimes only one is, sometimes several. In several cases operated on, the findings were, dark patches in the intestinal walls, due to extravasated serum and blood. In one case, which ended fatally, there was hemorrhage into the wall of the colon, leading to paralysis of the affected part, and to increased muscular contraction, with colic, in the adjoining part of the bowel, and a consequent intussusception of the cecum and adjoining portion of the ileum into the colon. Gangrene and acute general peritonitis were the immediate cause of death. Osler

says that the subjects of the erythemas, with visceral manifestations, are usually by young. Twenty-one out of twenty-nine cases collected by him were under twenty years. Seven of the twenty-nine died, proving the condition to be a serious one. As regards the causes of these affections, certain diseases are known to be frequently associated secondarily with definite skin lesions. Severe purpura goes with Bright's disease; urticaria and purpura with cirrhosis of the liver; urticaria with asthma; and all forms of erythema with chronic valvular heart lesions of children. Urticarias are usually due to autotoxins of gastrointestinal origin, which Osler says may be bacterial, protozoal, vegetable, or metabolic in character. To quote the same author, "It is not likely that the poison in itself, of whatever kind, is of less intrinsic importance than certain transient aspects of cell metabolism, for there is no constancy of action of the same poison in different persons, or even in the same person at different times. The chronic forms of urticaria probably illustrate a morbid and persistent sensitiveness of the cutaneous vessels to poisons of either intestinal or tissue origin." The local status is also important, and a peculiarity may be transmitted through several generations, as in angioneurotic edema, which is only urticaria "writ large." Here there must be either a morbid susceptibility of tissue, or an inherited peculiarity of metabolism, or both combined. "The relation of the erythema to infective processes is interesting. Certain types of exudative erythema behave like an acute, febrile disease, there may be symptomatic erythemas. Many of the graver cases of purpura have followed an acute infection, puerperal fever, gonorrhea, otitis media, etc. The rheumatic poison is responsible for many cases. But in the large group of cases persisting for years, an infective process is out of the question." The complications of the erythema group fall under two classes: (1) the angioneurotic, (2) the inflammatory. To the former belong the swelling of the fauces, edema of the glottis, changes in the bronchial mucosa causing asthma, and the colic, which is due to the localized edema of the gastro-intestinal walls. To the inflammatory group belong the more serious complications, endocarditis, pericarditis, pleurisy, pneumonia, and nephritis. The edema of the glottis may cause death. Both croupous and lobar pneumonia have followed an exudative erythema. Endocarditis and pericarditis have occurred in connection with intense arthritic purpura. As would be expected gastro-intestinal symptoms are the most common features of the group, but the renal complications are the most fatal. Of the seven deaths in Osler's 29 cases, five were from uremia. The poisons, whatever they are, that cause the erythema cause also the nephritis, which comes on, as a rule, at the height of the skin lesions, or even as late as a week thereafter. Of a series of 14 cases in which nephritis developed, five died of uremia. In four, purpura alone, as a skin manifestation, was present; others had mixed types, edema and urticaria, but purpura also occurred in thirteen of the fourteen cases. Arthritis is, of course, a frequent complication, but is often quite independent of the rheumatic poison. There is undoubtedly a toxic, or blood factor in the causation of these serous and sero-sanguineous effusions such as urticaria, erythema, erythromelalgia, and even purpura, but they may be caused by the same factors that determine undoubted nervous manifestations, the effusions being due certainly in part, and perhaps sometimes entirely, to the neuro-vascular irritability and irregularity which form the essential element of nervous (hysterical) conditions. "The hysterical patient (in this sense) has lost his vasomotor equilibrium, and is the victim of a vasomotor ataxia." "It is, then, a question of dual causation, and both the toxic and the neuro-vascular factors are met with in diferent proportions in different cases, just as they are met with in epilepsy and other neuroses in varying quantities."

Some Practical Points in X-Ray Therapy.—Gray (Southern Medicine and Surgery, Dec., 1905) suggests, as an explanation of the occasional failure of the X-ray in cases of superficial epitheliomata, in the aged, that, in such cases, the tissues offer such low resisting power that the invading element, be what it may, finds little difficulty in spreading to the adjacent structures and deeply infiltrating them with the process of disease, and that the insufficient administration of the X-ray (which loses to a degree its destructive effects in passing through the superficial tissues) acts only as a stimulant on the disease-producing factor, and, so far from a cure, an increase in the rapidity of the growth will be the result, just as heat, in a moderate degree, acts as stimulant to cell growth. "In these cases, treatment should be begun with energy, and penetrating, prolonged exposures should be given, at frequent intervals, in order to speedily produce the desired destructive action on the disease-producing element." However, the inability of the tissues to repair, in the aged, when a destructive effect has been produced, causes often a tedious recovery, and the physician is fortunate if pyogenic infection does not complicate the field, and further retard the healthy

repair aimed at. He believes that the occasional failure in persons of middle age is due to lack of an accurate estimation of the condition, and a failure to properly administer the doses. He has had unusual success in the treatment of lupus vulgaris, psoriasis and chronic eczema with this form of therapy.

THERAPEUTICS..

W. T. HIRSCHI, M.D.

Ovoferrin.—Dr. Schram (Die Therapie der Gegenwart, Dec., 1905) administered ovoferrin to 100 patients in the polyclinics of Professors Litten and Klemperer, Berlin. Sixty-two cases of chlorosis varying from mild to severe forms, received from one-half to one ounce ovoferrin from two to nine weeks, depending on the severity of the case, and in almost every one a decided increase of hemoglobin was observed. Thirty-five cases of anemia, partly primary, and some occurring in tuberculosis and gastric ulcer showed a decided improvement in hemoglobin and red blood corpuscles under the use of ovoferrin. Two cases of pernicious anemia and one of leukemia were not benefited by ovoferrin. The majority of patients could easily take ovoferrin, their appetite improved and constipation never occurred as a result of ovoferrin.

Remarks about Orthostatic Albuminuria.—(Dr. Loeb, Therapie der Gegenwart, Dec., 1905.)—Edel concludes from numerous experiments made in healthy individuals, that sodium chloride is more rapidly eliminated by the kidneys in the horizontal than the upright position, and the writer proves that the opposite is the rule, however some exceptions occur. Edel believes less chlorides are eliminated in the upright position on account of the poorer renal circulation. Sodium chloride and water are eliminated in the glomeruli, while some water, urates, phosphates and a small amount of chlorides are eliminated in the tubules. Decreased blood pressure affects the glomerular secretion more than tubular secretion. Glomerular secretion usually is alkaline, and tubular acid. The author believes vascular renal circulation is better in the upright than in the horizontal position.

Spinal Analgesia.—Tuster (Beitr zur klin. Chirurgie, Vol. XLVI, No. 1) reports 235 patients anesthetized with spinal injections of tropococaine. The full physiologic effect occurs from forty-five minutes to one and one-half hours. They should not be made in septic patients on account of the autointoxication. The injections are made between the 2d and 3d lumbar vertebra by first removing about 7 ccm. of cerebro-spinal fluid, in which is dissolved 0.07 gram of tropococaine, and then injected. Nausea and vomiting, collapse and incontinuence of stools and urine at times occur during the operation. Not all patients will respond to the injections. The analgesia is most pronounced in the lower extremities. At times a slight rise of temperature occurs after the injection. Better results are obtained if cerebro-spinal fluid is used for a solvent than if normal saline solution is used.

The Treatment of Incarcerated Hernia.—Dr. Boix (Deutsche Med. Wochens., No. 27, 1905) uses ethyl chloride spray locally in preference to ether on account of its more rapid and intense action, producing a local anemia and diminution in the size of the tumor and a dilation of the ring. This method is to be used in cases before resorting to an operation or where an operation is refused, or impossible to perform. This method may be entrusted to the patient to be used until the arrival of a physician.

The Prevention of Vomiting in the Use of Anthelmintics.—Apolant (Deutsche Med. Wooh., No. 44, 1905) administers one to two powders of menthol and sacch. lactic aa 0.3 from one-fourth to one-half hours before the anthelmintics are given, and he has rarely observed any nausea or vomiting, even if male fern or pomegranate were used. Otherwise the same precautions and directions should be followed as is usual with these remedies.

Edema of the Feet and Legs as a Result of the Excessive Use of Sodium Chloride.—(Bryant, Practitioner, No. 8, 1905).—An apparently healthy individual complained of edema of the feet and legs, and the writer after a thorough examination of the urine found nothing abnormal except a large increase of sodium chloride. All other organs were normal. As the patient consumed about four times the usual amount of salt in his food, the writer advised him to use much less salt, with the belief that this caused the edema. After three weeks the edema entirely disappeared and the urine contained a normal amount of sodium chloride.

Thiosinamin in Scar-Contractions.— (Dr. Mellin (Deutsch Med. Wooh., No. 5, 1905) reports a patient with extensive scar-contractions of the face and arms as a result of burns which was decidedly benefited by the use of thiosinamin injections. Thiosinamin is used in 15 to 20% alcoholic solutions, begininng with one-third syringe and increasing it to one, or if these produce pain a 10% aqueous

or glycerine solution may be used. The injections should not be made in the area of the cicatrix, or while there is any inflammation, as they would exaggerate the trouble. The writer has used twenty-five injections in a single individual.

The Treatment of Gastric Ulcers and Gastric Hyperacidity.—(Kohler Vienna Med. Woch., No. 21, 1905.)—Pyloric spasms due to ulcers or fissures are quickly relieved by the administration of olive oil. The oil has a soothing action on ulcer or fissure, thereby overcoming the spasm and pain, and indirectly reducing the secretion. On carcinomatous ulcers oil acts as an anesthetic, and is also somewhat nourishing. To patients who object to the taste and smell of olive oil, it may be administered in gelatine capsules, or with some more palatable substance.

The Present Method of Treating Fractures.—(Martens, Therapie der Gegenwart, No. 12, 1906.)—A correct diagnosis is most essential for the successful treatment of fractures, and after a careful consideration of the classical symptoms of fractures, i.e., deformity, abnormal motility, crepitation, extravasation of blood, pain and impaired function an X-ray picture will be of great assistance. The X-ray also should be used after the bones are placed in proper position. The fracture should be set as soon as possible and an anesthetic used if necessary. The limbs are placed in such a position that if ankylosis occurs the patient can derive the greatest benefit from the limb. Plaster of Paris or splints are usually preferable to any other means of fixation. Cotton padding is generally applied over the skin, but frequently this is unnecessary, and is not advisable in hot weather. Limbs which are encased should be elevated to prevent swelling, and if necessary the cast is loosened. The first cast remains from one to three weeks depending on circumstances, and massage and passive motion used as early as possible to prevent muscular atrophy and ankylosis. At times extension is necessary (especially in fractures of the femur). At times the fractured ends must be sutured in order to hold them in position, e.g., patellar fractures, and olecranon fractures and pseudoarthrosis. Great care must be exercised in suturing to prevent infection. In compound fractures all foreign material and bone splinters are removed, and the wound is well drained. The complications of fractures, e.g., shock, fat emboli, delirium tremens, thrombosis, injury to nerves and blood vessels must receive close attention. The after-treatment is very important, and consists of proper massage, active and passive motion, baths, electricity, etc.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

Stated meeting held January 8, 1906. The President, Dr. J. J. MacPhee, in the chair.

URETHRAL FISTULA AND PROLAPSED KIDNEY.

Dr. Charles H. Chetwood showed a patient on whom he had operated two years ago for urethritis and who at the present time had an incomplete fistula. When first examined his symptoms seemed to point toward the urethra and prostate, the latter being about the size of a small orange and very hard. The history indicated a gonorrheal infection, and, apparently, a syphilitic abscess of the prostate. The patient urinates every half hour, day and night, and the bladder contains about twelve ounces of residual urine. The appearance of the urine is indicative of kidney pus. Both kidneys are prolapsed and the right one is very palpable, enlarged and tender. The interesting feature of the case is the prolapse of both kidneys without any apparent explanation. There is no tuberculous history and none suggestive of kidney disease. The speaker's intention was to drain the prostatic abscess through a perineal incision, examine the bladder through the opening, and possibly catheterize one of the ureters.

SYRINGEMYELIA OR LEPROSY?

Dr. A. J. Bodine presented this patient. She was 21 years of age, and her family history was negative. About six years ago she first noticed that she was unable to distinguish the impact of the soles of her feet against the sidewalk and began to have aching pains in her feet and legs. Later, pus formed beneath callous spots on the feet and discharged, leaving sinuses leading down to the metatarsal bones. Rest in bed healed the sinuses, but on resumption of her occupation they reopened. Three years ago her feet began to pain in the axillae and in both groins. Pain was also present in her spine from the neck to the coccyx. She was operated on for the contractures of the feet in 1902. Her general health is now fair. The soles of her feet are covered with multiple perforating ulcers. The discharge is thick, brown in color, and has a peculiar sickening, penetrating odor. There is an abscess under the skin in one thigh and another over the sacrum. There are marked motor and sensory disturbances of the feet and legs. The case was presented for diag-

nosis, which the speaker thought lay between syringemyelia and leprosy.

Dr. W. B. Pritchard said that he considered this patient an example of syringemyelia presenting the exception in a distribution of symptom in the lower rather than the upper extremities, though both were involved. The trophic disturbances in the feet, with bladder symptoms, scoliosis, and, finally, dissociation sensory phenomena, indicated with fair clearness the diagnosis. It was not leprous neuritis, as the nerves showed no bulbous enlargements and the skin was quite free from the characteristic plaques. Tabes had been suggested, but there was little in the symptom picture to sustain such a suggestion. Absence of the Arygl-Robertson pupil, the persistence of one knee jerk, with absence of true ataxic gait and characteristic pains were collectively conclusive in negation.

The paper of the evening was read by Dr. Andrew R. Robinson, and was entitled

THE TREATMENT OF SYPHILIS.

He referred to the different views held on the subject of the treatment of syphilis, and stated that he would endeavor to show that syphilis is a serious disease in a considerable percentage of cases, and especially on account of the tendency after immunity is reached to fatal parasyphilitic affections; that the tendency to these parasyphilides depends as a special predisposing factor upon the dyscrasic condition accruing in the active contagion stage; that the intoxication producing the dyscrasia and leading to immunity often is most severe in the period between the recognition of the primary sore and the appearance of lesions upon the cutaneous surface, and, there, that syphilis should be treated actively as soon as a positive diagnosis of the disease is made.

The object of such treatment is to inhibit the life action of the organism, so that only a small amount, comparatively, of toxin is produced, giving immunity with only a mild dyscrasia, and producing a minimum amount of injury to the tissues, and consequently a comparatively slight tendency to parasyphilides, or even tertiary lesions. He maintained, also, that in the acute infectious stage it is a rule that the less toxin produced in a given case, the earlier the system acquires the condition of immunity; and in syphilis this is important not only for the individual affected, but also from social standpoint, as the sooner immunity is obtained the less danger of contagion to others.

An example of early immunity is that acquired by a mother in a case of parental syphilis, when she is not invaded by the syphilitic organisms, but acquires immunity by toxins from the fetus. Under these circumstances the amount of toxins passing to the mother must be small in quantity, and therefore the immune condition is acquired in a comparatively short period as compared with the time necessary in acquired syphilis.

Syphilis is a serious disease, not only on account of the liability to fatal parasyphilitic affections, as locomotor ataxia, but also on account of its destructive action of the progeny of syphilitic parents when produced during the active stage of the disease, hence the shorter this period exists the fewer syphilitic children are produced.

If the tertiary and parasyphilides depend very greatly, or principally upon the severity of the dyscrasia, and this condition upon the amount of intoxication, that is, the amount of toxins produced, and this upon the number and activity of the syphilitic organisms in the system, it follows that in this special parasitic affection the treatment of syphilis must be based upon the microbes, the toxins produced, and the ground of the individual affection. Proper consideration of these three points constitutes the fundamental basis for the best treatment of the disease until the last microbe is gone; hence the division of the disease into stages is not scientifically correct, although for clinical description it is of some value.

In the period between the appearance of the primary sore and the so-called secondary stage, represented by cutaneous lesions, the general nutrition of the person is lowered, fever is present in varying degree, the red-blood corpuscles are diminished in number, the lymph glands throughout the body may be affected, the spleen swollen and tender, liver enlarged and the nervous system injured, as shown by the presence of neuralgia, headache, lassitude, pains in the joints, bones and periosteum, and occasionally by an extensive multiform erythematous eruption. This shows that before secondary lesions occur upon the skin there may be intoxication of the general system, which leaves its impress on the tissues and acts as the main disposing factor in the causation of parasyphilides. If this be true, it follows that treatment should be commenced in every case as soon as a positive diagnosis is made, and if this is done at a stage before cutaneous lesions appear, so much the better for the patient.

Existing lesions in the secondary stage are treated to lessen danger of contagion, remove deformity and save tissue, but surely it is better, more philosophical, to prevent the formation of lesions, especially as they are hot-beds for toxin formations than to wait until they are formed and damage has

occurred. The treatment of syphilis should be offensive, not defensive. Keep the disease in as quiescent a state as possible by inhibiting the life action of the organism; prevent contagion from lesion formation; promote the elimination of the toxins as quickly and completely as possible, and pay attention to the general nutrition of the patient. This constitutes the correct treatment of syphilis according to our present knowledge.

Mercury is the only agent that acts upon the microbe, hence it should be given during the entire microbic stage in such manner as to secure the best action. Iodid of potassium should be given only as an aid to the mercury, or as an alterative in later stages and at all times when tertiary lesions represent. It is rarely indicated during the first six months of the disease, and never during the microbic stage, as the only agent.

Against the parasyphilides one should produce a proper degree of alkalinity of the system, advise avoidance of everything that causes circulatory disturbances and of things that interfere with tissue metabolism, especially alcohol, local irritating agents, etc.

Dr. E. L. Keyes, Jr., opened the discussion of this paper. He said that while he agreed with all the conclusions reached therein, he disagreed wholly with all the premises. Briefly, in his opinion, the way to treat syphilis is as a disease and not as an array of symptoms. The most practical method is to settle in one's mind the amount of medicine considered necessary in all cases to overcome the disease. One grain of iodide of mercury every day for three years will conquer, and even though the skin lesions have disappeared, together with the mucous patches in the throat and other outward manifestations, the physician should still try to live up to his ideal of the amount of mercury or iodid that should be taken by the patient, whether he stands it well or not. He disagreed absolutely with the speaker regarding the method of treatment at the beginning of syphilis. It is extremely dangerous to proclaim that syphilis should be treated before the appearance of a cutaneous lesion, because, in a very fair proportion of cases, one is unable to make a positive diagnosis until the appearance of the secondary lesions. Theoretically, if it is proved that the existence of the spirocheta pallida is conclusive of syphilis, treatment may begin as soon as it is recognized, but until this is possible, it is wiser to wait for secondary evidence He recalled two instances in which patients who had presented themselves for treatment within twelve hours of the supposed inoculation had developed a chancre six weeks later.

Dr. Charles H. Chetwood said that there seems to be a general tendency at the present time to question whether syphilis should be treated in the primary or in the secondary stage. The reader of the paper had emphasized the point that the question is not when to treat it, but that it should be treated when the diagnosis has been made. For his part, he had always treated it when the secondary eruptions appeared, and had considered it a safe procedure. He would not advise commencing treatment earlier unless the presence of the disease could be positively substantiated by the spirocheta pallida or some other germ. He treats all cases according to the general exigencies of each individual condition, and the results have been most satisfactory.

Dr. J. H. Abraham said that next to the dermatologist and the genito-urinary surgeon, the nose and throat specialist sees as many cases of syphilis as any of the specialists. They rarely see any primary syphilis, but many secondary and tertiary cases come to their notice. Personally, he had seen five cases. One patient had the initial lesion on the lip and the other four on the tonsils, and in one case the upper respiratory glands showed marked symptoms of intoxication. Another marked feature is the enlargement of the leutic glands. He agreed with the principles laid down by the reader of the paper for the treatment of primary syphilis. Secondary syphilis of the larynx should be treated entirely by personal rule. He relies upon one drug, carbolic acid. An application of 10% chromic acid to the larynx gives rise to practically no pain and accomplishes the desired result. If the patient is given a sufficient amount of mercury for a long enough period of time, he is less liable to require the iodids or to suffer from a marked tertiary form later. He has never found it necessary to give more than 75 or 80 grains of the iodid at one dose, and always begins with 5 grains and increases one grain daily or every other day. The absorption occurs as desired and the digestive tract is not disturbed.

Dr. R. H. M. Dawbarn said that he believes the wisest course is to begin treatment of syphilis as soon as one is sure of the character of the lesion. He did not agree with the statement that the iodids of potassium have no direct bearing upon the foundation of syphilis. In his opinion, over eating and over drinking may so change the metabolism of the human system as to render the effects of syphilis more intoxicating.

Dr. J. A. Bodine said that the time to begin treatment depends greatly on the character of the patient. The primary duty of the physicain is to effect a cure. If the patient is a highly intelligent one, the treatment may begin as soon as the diagnosis is positively made, as that character of patient may be depended upon to carry the treatment through to its logical conclusion. With a more ignorant patient, it is often necessary to first convince him that he is a victim of this disease in order to impress upon him the necessity for systematic and long-continued treatment, and in this case the appearance of the skin eruption following the sore convinces him that he has syphilis.

Dr. Robinson closed the discussion by saying that he still thought the treatment should be begun, if possible, during the first stage of the disease. If the patient presents what he considers the initial lesion, he recommends a six weeks' course of treatment with mercury, and if, at the end of that time, there remains any question as to the diagnosis, it is very easy to bring out a small lesion as convincing proof.

WHEN palpating the common bile duct for stone, make sure that a suspected calculus is not a gland.

IN exploring for tumors of the brain, the best guide for determining an isolated hardness is the finger; the use of a needle is very deceptive.

THE use of an "invalid table," the shelf of which projects over the patient's body, will be found a great convenience during operations as a receptacle for instruments in immediate use. It saves time and temper, and avoids accumulation of instruments on the patient's body.

IN strapping the chest for fractured rib, two points should be particularly noted: 1. The straps should pass well beyond the median line. 2. They should be applied in full expiration. One or two straps passed over the shoulder help much to secure immobilization.

ALTHOUGH the anal reflex requires profound anesthesia to abolish, chloroform or ether is not always needed in order to divulse the sphincter ani. This may be accomplished painlessly, and usually with entire satisfaction, under ethyl chloride or nitrous oxid narcosis if, especially, an opium suppository is introduced a half-hour beforehand, and a pledget of cotton wet in cocaine solution is applied just before the operation.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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SUTURE OF HEART WOUNDS.—J. H. Gibbon, Philadelphia (Jour. A. M. A., Feb. 10), makes a third contribution to the subject of penetrating wounds of the heart, reporting his second case of suture of the heart and his first successful one. The patient, a healthy colored man, aged 38, had received a pen-knife wound in the right ventricle of the heart. Hemorrhage had been spontaneously controlled to some extent by pressure of the clot and liquid blood in the pericardium, and was readily controlled by digital compression during the operation, though the wound in the external surface of the heart was from half to three-fourths of an inch in length, and apparently half as extensive in the endocardium. The heart was held firmly against the pericardial opening with a traction suture of chromicized gut and four other sutures introduced with an intestinal needle closing the whole thickness of the wound in the heart wall. The patient was out of bed in two weeks, and was discharged in twenty days after the operation. At present he is well, and the heart action is normal. The pleura was uninjured, either by the wound or in the operation, no osteoplastic flap having been made, but merely excision of costal cartilage. In future similar case Gibbon would not attempt to drain the pericardium. The external wound, however, he thinks should always be drained. Whenever there is suspicion of a wound of the heart and exploratory operation should be made. Gibbon advises against any too vigorous stimulation when wound of the heart is suspected.

MEDICAL MEMORANDA.

Best Uterine Tonic and Antispasmodic.—Dioviburnia is the best uterine tonic and antispasmodic, relieving the pains of dysmenorrhea and regulator of the uterine functions. I cheerfully give this recommendation of dioviburnia.—L. ch. Boisliniere, M.D., late Professor of Obstetrics, St. Louis Medical College.

Cystogen-Lithia Effervescent Tablets.—The many indications for the use of lithia in combination with cystogen have resulted in the preparation of cystogen-lithia effervescent tablets. Physicians will find these tablets of special value in the treatment of many conditions suggesting the addition of lithia as increasing the efficiency of cystogen. In rheumatism, gout, urinary deposits, ammoniacal urine, cystitis, etc., cystogen-lithia hastens the exertion of urates and uric acid and prevents the formation of calculus. These tablets are composed of, cystogen 3 grains, lithium tartarate 3 grains; usual] dose, one to two tablets three or four times daily, dissolved in half a glass of water. Samples will be sent to physicians addressing the Cystogen Chemical Company, St. Louis, Missouri.

The Season of the Year has again come, in which the practitioner is called upon to give relief from the various diseases of the bronchial organs, as cough, chronic and acute, bronchitis, asthma, pneumonia, phthisis, tuberculosis, etc. Of all remedies indicated in the treatment of these disorders, guaiacol has long been recognized as the leading agent. In triacol, Alpers, a preparation is given to the medical profession that contains all of the beneficial qualities of guaiacol, without any drawbacks. It is an aromatic solution of the tasteless, odorless, soluble, guaiacol salts of potassium, sodium, and ethyl-morphine. Triacol, Alpers, has received the most hearty support of the leading practitioners all over the country, and is indicated by them in the treatment of all bronchial affections. Samples and literature can be obtained by application to Alpers Chemical Company, 4-6 White St., New York City.

A Pocket Case Free.—Great interest is mauifested by the profession just now, and rightly, in the nostrum evil—the practice of promoting secret, ready-made prescriptions for the doctor to use as the manufacturer advises, all of which has a distinct degenerative effect upon the profession as a scientific body of thinking men. The Abbott Alkaloidal Co., always alive to the best interests of the physician and obviating, in their idea, any excuse for all this, offer to the profession standard active principles which the doctor can apply, singly or in combination, at his own discretion—dispensing or prescribing as he may prefer. To any practising physician who will write asking for it, and mentioning this journal, they will send, free of charge, a neat pocket case containing six vials of the essential (most used) active principles—the smallest and neatest emergency pocket case ever made—just fits the fob-pocket and but little larger than your watch. See their ad. on page 55. Hundreds of positive doses for the asking, and a postal card will do it.

Relief of Sciatic Paln.—We wish to refer to a comparatively new combination of drugs, one which has been used largely for the control of cough and which has also been employed to a great extent for the relief of pain. It is claimed that its use in many cases renders the same service as does morphine, its influence often lasting for as long a period of time, and possessing the advantage that it does not disturb the digestive tract, nor cause constipation or habit. The remedy we mean is antikamnia and codeine tablets. In several instances in which the patients were suffering from severe acute sciatica, it was found that they acted most satisfactorily. Each tablet contains 4¾ grains of antikamnia and one-fourth grain codeine sulphate. The prompt and excellent results obtained with this preparation is due, in a great measure, to the specially refined and purified codeia which The Antikamnia Chemical Company employs in these tablets. Impure or ordinary codeia irritates, constipates and depresses, and to avoid this, the said company purifies its codeia by a special process, and this should be remembered by the physician when prescribing codeia.

Catarrhal Diseases of the Nasopharynx.—(By H. M. Narsh, M. D., Auburn, Ky.) —As the season is now fast approaching when this class of diseases take up most of the physician's time, and is the cause of more suffering among more people than all diseases combined, I wish to say something in regard to a simple and effective treatment of this class of diseases. In this climate, this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes or symptoms; everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases every physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating these diseases, viz., acute and chronic nasal catarrh, including ozena, acute and chronic tonsillitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surfaces with glyco-thymoline. I have been using this ideal alkaline antiseptic in my practice for years, and have never been disappointed in it.

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